COUNTY BOROUGH OF BLACKPOOL

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1969

BY

David W. Wauchob

M.B., B.Ch., D.P.H.

MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

COUNTY BOROUGH OF BLACKPOOL - SOCIAL SERVICES COMMITTEE

(As constituted 31st December, 1969)

THE WORSHIPFUL THE MAYOR, ALDERMAN ALBERT EDWARD STUART, J.P.

Chairman:
Councillor C. NUTTALL, J.P., F.C.A.

Vice-Chairman:
Councillor H. L. HOYLE, M.B.E.

Alderman H. GRIMBLEDESTON, B.E.M., J.P.
Alderman Mrs. J. ROBINSON, J.P.
Alderman W. U. ROBINSON

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Councillor D. C. HANSON
Councillor J. H. HESSEY, M.B.E., J.P.
Councillor Mrs. M. HOGGARD
Councillor R. S. HOLGATE, M.B., Ch.B.
Councillor R. JACKSON
Councillor A. JONES
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Councillor W. S. LAIDLAW
Councillor Mrs. M. RILEY, J.P.
Councillor Mrs. M. SAMUELS
Councillor A. TAYLOR
Councillor E. H. WHITEHOUSE
Councillor Mrs. N. C. WYNNE

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY

(As at 31st December, 1969)

Medical Officer of Health and Principal School Medical Officer:
DAVID W. WAUCHOB, M.B., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:
EDWARD JOHN WALSH, M.R.C.S., L.R.C.P., D.P.H.

Assistant Deputy Medical Officer of Health:
ANNE E. C. JEWSBURY, M.B., Ch.B., D.P.H., D.R.C.O.G.

Assistant Medical Officers and School Medical Officers:
MARIE-JOYCE RIBCHESTER, L.R.C.P. & S. (Edinburgh), L.R.F.P. & S. (Glasgow)
JOSEPHINE I. McKEE, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.
MARGARET ELEANOR BROOK, B.A., M.B., B.Ch. B.A.O.
ELIZABETH H. SAUNDERS, M.B., Ch.B. (Part-time)

Consultant Ophthalmic Surgeon:
THOMAS S. BLACKLIDGE, M.D., D.O.M.S.

Consultant Ear, Nose and Throat Surgeon (Part-time):
IAN B. THORBURN, M.B., Ch.B., F.R.F.P.S., F.R.C.S., D.L.O.

Consultant Child Psychiatrist (Part-time):
T. W. ROGERS, M.B., Ch.B., D.P.M.

Senior Educational Psychologist:
Post Vacant

Educational Psychologist:
J. G. ROBERTS, B.A., M.A., A.B.P.S.S., L.Inst.P.

Educational Psychologists (Part-time):
Mrs. D. M. HUGHES, B.A.
G. EASTING, B.A.

Psychiatric Social Worker:
Post Vacant

Social Worker:
Mrs. M. AITKEN, S.R.N., Dec. of Rec. C.T.S.W.

Principal School Dental Officer:
MARSHALL SMITH, M.B., F.D.S., R.C.S.E., R.F.C.S.

Consultant Dental Surgeon (Part-time):
H. ACKERS, M.B., F.D.S., R.C.S.E., R.F.C.S.

Dental Officers:
R. MARTYN, L.D.S. (Liverpool)
H. MARSHALL, L.D.S. (Part-time)
Mrs. J. HOPKINSON, L.D.S. (Part-time)
J. R. HALL, B.D.S., L.D.S. (Manchester), (Part-time)

Chief Administrative Assistant:
R. PRYAR, A.C.C.S.

HOME NURSING AND MIDWIFERY

Non-Medical Supervisor of Midwives and Superintendent of Home Nursing Service: Miss G. IRELAND, S.R.N., S.C.M., H.V., Q.I.D.N.

Deputy Superintendent of Home Nursing: Miss M. C. CLEGG, S.R.N., S.C.M., Q.I.D.N.

Midwives:
Mrs. E. BOULTON, S.C.M., S.E.N.
Mrs. L. COOPER, S.R.N., S.C.M.
Mrs. C. M. DENNISON, S.C.M. (Part-time)
Mrs. G. E. HINDLE, S.R.N., S.C.M.
Mrs. M. HOWARD, S.R.N., S.C.M.
Mrs. C. PATON, S.R.N., S.C.M.
Miss R. E. SCOTT, S.R.N., S.C.M., Q.I.D.N.
Mrs. S. M. WRIGHT, S.C.M.

District Nurses:
Mrs. M. C. ANKERS, S.R.N.
Mrs. D. BENNETT, S.R.N., Q.I.D.N.
Mrs. A. V. BRADSHAW, S.R.N.
Mrs. J. M. BRADY, S.R.N.
Mrs. J. V. BURROWS, S.R.N., Q.I.D.N.
Mrs. S. E. COOPER, S.R.N., Q.I.D.N.
Mrs. E. CROOK, S.R.N., Q.I.D.N.
Mrs. C. DOBSON, S.R.N., R.F.N., Q.I.D.N.
Mrs. D. ERRINGTON, S.R.N., Q.I.D.N.
Mrs. B. FENTON, S.R.N.
Miss A. FIELDING, S.R.N., S.C.M.
Mrs. M. GREAVES, S.R.N., S.C.M., B.T.A.
Mrs. R. GREEN, S.R.N., S.C.M.
Mrs. D. M. HAGUE, S.R.N.
Mrs. G. HAY, S.E.N.
Mrs. G. M. HALL, S.R.N., S.C.M., Q.I.D.N.
Mrs. E. M. HOLMES, S.R.N.
Mrs. P. W. KAY, S.R.N.
Mrs. D. KERSHAW, S.R.N., S.C.M., Q.I.D.N.
Mrs. I. McKENZIE, S.E.N.
Mrs. M. McROY, S.R.N., R.F.N., Q.I.D.N.
Mrs. C. PENSWICK, S.E.N.
Mrs. B. PRATT, S.R.N.
Mrs. I. M. RIGBY, S.R.N., Q.I.D.N.
Mrs. N. ROE, S.R.N., Q.I.D.N.
Mrs. L. M. ROBINSON, S.R.N., Q.I.D.N.
Mrs. D. SHAW, S.R.N., Q.I.D.N.
Miss D. M. SINGLETON, S.R.N.
Mrs. E. M. SPINETTO, S.R.N., Q.I.D.N.
Mrs. E. SUMNALL, S.R.N.
Mrs. J. P. TURNER, S.R.N., Q.I.D.N.
Mrs. S. A. WATSON, S.R.N., Q.I.D.N.

Male District Nurses:	Mr. W. GULLIFORD, S.R.N., Q.I.D.N. Mr. G. HASTY, S.E.N. Mr. G. S. ROLLINSON, S.R.N., Q.I.D.N. Mr. W. STEWARDSON, S.R.N., Q.I.D.N. Mr. F. WHITTLE, S.R.N., Q.I.D.N.

HEALTH VISITING

Superintendent Health Visitor/School Nurse:	Miss M. SAUNDERS, S.R.N., S.C.M., H.V. Nursing Admin. (P.H.) Certificate
Group Advisers:	Miss A. G. M. HOLDEN, S.R.N., S.C.M., H.V. Miss R. H. WHITEHEAD, S.R.N., S.C.M., H.V.
Health Visitors/School Nurses:	Mrs. K. R. ALLEN, R.S.C.N., S.R.N., S.C.M., H.V. Mrs. A. BEVERLEY, S.R.N., S.C.M., H.V. Mrs. J. M. BROOKES, S.R.N., H.V. (Part-time) Mrs. D. BURROWS, S.R.N., S.C.M., H.V. Mrs. E. M. BUTLER, S.R.N., S.C.M., H.V. Mrs. F. CLEWS, S.R.N., H.V. Mrs. C. DIMOND, S.R.N., S.C.M., H.V. (Part-time) Mrs. J. M. EVANS, S.R.N., H.V. Mrs. J. FITZGERALD-LEE, S.R.N., H.V. Miss C. HARDMAN, S.R.N., H.V. Mrs. M. HARRAP, S.R.N., H.V. Miss K. HICKMAN, S.R.N., S.C.M., H.V. Miss A. R. HICKSON, S.R.N., S.C.M. Miss A. HIGGINBOTTOM, S.R.N., H.V. Mrs. B. A. HUGHES, S.R.N., H.V. Miss S. MORRIS, S.R.N., S.C.M., H.V. Mrs. S. MIDGLEY, S.R.N., S.C.M., H.V. Mrs. O. NEWLOVE, S.R.N., S.C.M., H.V. Mrs. S. ROE, S.R.N., Q.N., H.V. Mrs. B. ROYLE, S.R.N., H.V. Mrs. N. RYDER, S.R.N., S.C.M., S.R.F.N., H.V. Miss M. A. STREETS, S.R.N., S.C.M. H.V. Mrs. M. THOMPSON, S.R.N., S.C.M., H.V. Mrs. M. F. WHITE, S.R.N., R.S.C.N., S.C.M., H.V.
Clinic Nurses:	Mrs. J. M. BELL, S.R.N. Mrs. A. DANIA, S.R.N. Mrs. M. DAVIES, S.R.N., S.C.M. Mrs. M. L. FORD, R.S.C.N. Mrs. E. LAVELLE, S.R.N. Mrs. E. W. KITCHEN, S.R.N., S.C.M., Q.N. Mrs. S. McGREGOR, S.R.N. (Part-time) Mrs. P. ROBERTS, S.R.N. (Part-time)
Student Health Visitor:	Miss S. J. WILCOX, S.R.N.

PULBIC HEALTH INSPECTION

Chief Public Health Inspector:	JOHN PICKARD, F.A.P.H.I., M.R.S.H., (a), (b), (c)
Deputy Chief Public Health Inspector:	J. B. PARKER, M.A.P.H.I., (a), (b), (c)
Chief Meat and Food Inspector:	T. W. LOMAX, (a), (b)
Abattoir Superintendent:	W. RILEY, (a), (b)

District Public Health Inspectors:	F. BAILEY, M.A.P.H.I., (a) (b), (c) J. BINEHAM, M.A.P.H.I., (a), (b) E. W. BURROWS, (a), (b) H. W. EVANS, M.A.P.H.I., (a), (b) I. S. MILLER, (a), (b) D. W. MOISTER, M.A.P.H.I., (a), (b) W. MOISTER, (a), (b) L. W. ORMROD, M.R.S.H., (a), (b) J. PARKINSON (a), (b) E. SMITH, (a)
Pupil Public Health Inspectors:	J. HUNTER W. C. N. JELLEY A. WALKER N. F. BAILEY
Meat Inspector:	P. HAIGH, (d)
Pestologist:	B. A. BLACKWELL
Technical Assistants:	R. W. CROFT J. CROSSLEY J. RICHARDSON E. ROTHWELL

(a) Qualified Public Health Inspector
(b) Qualified Meat and Food Inspector
(c) Qualified Air Pollution Control Officer
(d) Qualified Meat Inspector

MENTAL HEALTH SERVICE

Senior Mental Welfare Officer:	H. YEOMAN, Cert. S.Sc., D.A.S.S., M.S.M.W.O.
Mental Welfare Officers:	J. O'SULLIVAN, S.R.N., R.M.N., M.S.M.W.O. Miss N. ROBINSON, M.S.M.W.O. H. T. SPEED, S.R.N., R.M.N., C.S.W., M.S.M.W.O. K. TAYLOR, R.M.N. J. S. WASHINGTON, B.A., A.A.P.S.W., M.S.M.W.O.
Temporary Mental Welfare Officer:	Miss C. D. BARLING, C.S.W., M.S.M.W.O.
Junior Training Centre Supervisor:	Mrs. L. C. M. PRYAR, Dip. N.A.M.H., T.C.T.M.H.
Assistant Supervisors:	Mrs. J. HODGSON, C.C.R. Cert. Mrs. S. STYRING
Supervisors/Teachers:	Miss C. HEATLEY, Dip. T.C.T.M.H. Mrs. R. IRVINE, Dip. T.C.T.M.H. Mrs. S. MITCHELL Mrs. P. THOMPSON, Dip. N.A.M.H., T.C.T.M.H. Miss M. E. ASHLEY, T.C.T.M.H.
Belmont House (Mental Health Hostel):	
Resident Warden:	Mr. C. WOOLLEY
Resident Manageress:	Mrs. D. WOOLLEY
Resident Deputy Warden:	Mr. K. HADFIELD
Assistant Manageress:	Mrs. M. CHADWICK
Rydal Lodge (Psycho-Geriatric Hostel):	
Resident Manageress:	Mrs. E. WILLIAMS
Deputy Manageress:	Miss J. WHITESIDE

Langdale Adult Training Centre:

Manager:	Mr. W. O'HARA
Deputy Manager:	Mr. F. THORPE
Instructors:	H. J. DODD J. JOHNSON Mrs. E. LEWIS W. M. REID Miss J. E. SMITH
Helper:	Mrs. R. HOLTON

HOME HELP SERVICE

Organiser:	Mrs. I. PARTINGTON
Assistant Organisers:	Miss B. WADE Mrs. I. LEA

LIGHT TREATMENT

Physiotherapists:	Mrs. W. SHORE, M.C.S.P. (Part-time) Mrs. L. TAYLOR, M.C.S.P. Mrs. M. WARD, M.C.S.P.

CHIROPODY

Chiropodists:	Mr. T. CATTON, M.Ch.S. Mrs. S. M. HOLMES, M.F.S.Ch., A.Ch., M.E.S.Ch. (Part-time) Mr. R. CROOK, M.Ch.S. (Part-time) Mr. W. GARLICK, M.M., L.Ch., H.Ch.D. Miss M. J. HYDE, S.R.N., S.C.M., Q.I.D.N., M.F.S.Ch. (Part-time) Mr. E. THOMPSON, M.Ch.S. (Part-time) Mrs. M. BARNES, M.Ch.S.

DAY NURSERY

Matron:	Mrs. N. K. OLIVER, N.N.E.B.
Deputy Matron:	Miss J. E. COOK, N.N.E.B.

AMBULANCE SERVICE

Ambulance Officer:	Mr. F. DIXON

SPEECH THERAPISTS

Mrs. A. BLAIR, L.C.S.T. (Part-time)
Mrs. A. PROTHEROE, L.C.S.T.
Miss S. M. SEDDON, L.C.S.T. (Part-time)

SPECIALIST TEACHER OF THE DEAF

KENNETH NEWSON, Univ. Cert. for Teachers of the Deaf, Manchester University

HYGIENE ASSISTANT

Mrs. J. WILLIAMSON

PUBLIC ANALYST

Public Analyst:	Mr. R. SINAR, B.Phar., B.Sc., F.P.S., F.R.I.C.
Deputy Public Analyst:	Mr. G. F. HOOKE, L.I.Biol., M.CHem.A., F.R.I.C.

To the Chairman and Members of the Social Services Committee.

Ladies and Gentlemen,

The year 1969 will be remembered as the year in which man reached the moon. This outstanding achievement was accomplished by an effort of unparalleled intensity and expense and complexity and fortitude which commands the admiration of the whole world. Nevertheless, thoughts have been prompted that a greater contribution to human happiness would have resulted had the same effort been made to modify man's environment and his behaviour in order to promote health and change the natural history of disease.

This clearly indicates that health takes its place in a list of important commodities and that it is by political decision that the country's expenditure is distributed. Health services have to compete keenly with other national priorities. This will not surprise anyone accustomed to hearing "Health service costs are rising - what can be done to keep them down?"

This poses the further questions: "What is Health?" and "Do the people want health?"

The World Health Organisation defines health as "A state of complete mental and physical and social well-being and not merely an absence of disease". It is certain that most people would immediately accept absence of disease as a very desirable first step, but what is not so certain is whether people want health. Its acquisition does not figure amongst the topics considered important during an election. Healthy men asked what they want most will give a variety of answers, but a man who is ill or has an inkling of premature death will be in no doubt what is his greatest need. It is natural that healthy men should not be pre-occupied with disease and death. The healthy may have compassionate feelings for the sick when brought to their notice, but it is more difficult for healthy people to feel compassion for those who are presently well and who may or may not become sick in the future. This is true even when the man contemplates himself and his own future. He lists what he calls his assets, his house, his car, television set, that market went up and he made £75, but that profit will be taxed. He forgets one thing - that each year pays him a handsome dividend plus an annual bonus. Health, the great asset, is taken for granted by everyone till it fails. Investment in this security turns out the best that can be made.

Evidence of the value of money spent preventing disease in the healthy will be found in looking at the statistics contained in this report which this year contains a record low in figures relating to infant mortality.

They also provide some encouragement and a boost for morale for individual workers in the department at a time when a sense of insecurity could easily be induced by the changing attitudes considered necessary for the increasing complexity of the planning, administration and evaluation of the health services which has occurred during the last few years.

A census to be carried out in 1970 will almost certainly correct a trend forecast by the Registrar General of a progressive decrease in the population which according to estimates provided showed a further decrease of 1,150 and is now shown as 146,700.

Following the national trend there has been a reduction in the number of births by 58, giving an adjusted birthrate of 14·73, lower than the country rate of 16·3. Regrettably this reduction is not reflected in the illegitimate births which showed an increase of 2, giving a rate of 14·77% of total live births, almost double the national figure of 8. How many of these babies are wanted, and how much the teaching of a better method to help young people in ordering their lives would alter the position are questions it is difficult to answer. What is certain is that this trend is becoming a way of life.

The percentage of illegitimate births reached a peak of 9% in England and Wales in 1945. In the mid 1950's it seemed to be falling to the more usual peace time level of 4·5%, but then the trend reversed and has now reached 8%.

There are many factors contributing to illegitimate births, cultural, earlier development, political and economic emancipation of the females, lessening of religious influence and increasing social opportunity and continuous awareness of sex from the mass communications media. Each decade has produced an earlier maturation and Nature is producing a younger adult. The voting age has been reduced to 18.

Simultaneously society is about to extend the school leaving age, and with the development of higher education extend the period of childhood when young people are dependant on their parents for the necessities of life.

These contradictions and ambiguities reduce the commitment to accept the standards of an older generation. Combined with the oral contraceptive and the post coital pill of tomorrow, it is difficult to forecast the sex attitudes and way of life of the 1970's.

There is plenty of evidence that the majority of young people today show a conscience and social awareness, and providing they remain true to themselves the tragedies associated with these figures may well be reduced.

It is a cautiousness born of past experiences which emphasises that it would be wrong to draw too firm conclusions from one set of figures, and that it is the trend over a number of years which is the best guide.

With this in mind it is still a pleasure to produce some of the best records yet produced, figures which show a record low in infant deaths.

The number of still births was one less than the previous year, giving a rate of 13·16, only slightly higher than the national figure of 13.

It is in the figure for infant mortality that the greatest improvement is shown. Only 25 children under one year died compared with 38 in 1968 and 49 during 1967, the rate now being 13·88, comparing very favourably with the national figure of 18.

This rate has run for a number of years above the national average and this welcome reduction below gives considerable encouragement to those who have been working so conscientiously in this field. At the time of writing this foreword it is evident that this low figure will not be repeated next year but it gives a target which we know can now be achieved.

The perinatal mortality rate, a term used to describe the combination of stillbirths and those in the first week of life, also shows a considerable decrease to 21·38 in 1969 compared with 26·56 for 1968 and 38·17 for 1967. Again this year's figure is below the national average of 23.

Death during the first week of life shows a rate of 8·88 and in the first four weeks of 9·44, the corresponding national figures being 10 and 12.

Although these figures show this considerable improvement there is still a continuing need for research and investigation since chance alone does not appear to be an adequate explanation of the variation which takes place from one year to the next.

Infectious Disease

With most of the childhood diseases now controllable by immunisation techniques, there is an attendant danger that the reduction of these diseases will reduce the significance of immunisation in the mind of parents. This could result in the "umbrella effect" of a partially successful campaign providing protection to non-immunised children who would be susceptible to the disease in later life. A revised scheme for drawing attention of parents to the necessity of ensuring that their children are protected will be introduced next year. With the co-operation of general practitioners a letter will be sent to each family following the notification of birth, and by a follow-up visit by Health Visitor, if required. It is hoped that this will increase the percentage of children who are fully protected, and figures for subsequent years will show an improvement.

Tuberculosis has not yet been eradicated, but with full co-operation from the chest physician contacts are traced and appropriate investigation offered to those considered to be at risk.

This considerable effort, although unfortunately not very rewarding in detecting new cases of tuberculosis, is considered to be making a valuable contribution to the time when tuberculosis will be as rare as diphtheria.

Until then co-operation of all adults in contact with children will be required to ensure that the chain of infection responsible for these cases is effectively broken.

Domiciliary Services

Good liaison between the various members of the health team at domiciliary level is bound to make for better communication and provide a better service to all concerned. Such a team at present consists of secretary, nurses and health visitors, but may in the not too distant future include social workers covering the field of child care, mental welfare and home helps. The means for producing this team is becoming increasingly available to general practitioners and an increasing interest is being shown in the attachment.

Following the completion of the experimental attachment at Victoria Hospital, a detailed account of which was published in the British Medical Journal on April 18th, 1970, a liaison scheme has ensured that good contact has been maintained between hospital and domiciliary services. In conjunction with the night nursing service this has enabled a number of cases to return home earlier who would otherwise be in hospital. During the year 79 cases requiring 701 late visits were accepted by the district nurses. This service is appreciated by patients and relatives who are encouraged and supported by the nurses. Over all, $2\frac{1}{2}$ times as many visits were paid to the 65-and-over section of the population as to those under. In some instances these were necessary at week-ends when other services were not operative, and without them many elderly sick would be without a visitor at this time.

As with other community services the district nurse is changing her role and is now involved as a member of the local authority health team, also working in

close association with welfare services, and more recently has been attached to general practitioner groups, whilst liaison schemes have introduced her into the hospital wards. She is a valuable link in a network of co-operation providing practical help to the sick and infirm for seven days each week.

Health Visiting

During the year allocation of health visitors to family doctors' practices was completed. In common with all other community services there is an ever-growing volume of work, but the benefits which accrue from closer liaison with general practitioners and hospitals have caused the Department of Health and Social Security to urge local authorities to speed up their schemes of attachment. This has called for considerable self-sacrifice from health visitors already struggling with an excessive case load. All health visitors recognise the value and inherent worth in this scheme in making their work more effective and providing better communication with other members of the health team. Shortage of staff is the root problem of many of the difficulties encountered and it has only been possible in many practices to arrange weekly visits to surgeries, but all health visitors do visits to the patients of the practice throughout the town. This must be regarded as a first step on the way towards the total attachment of health visitors in every group practice to render both health visiting and general practice more effective as each can be done on a more selective basis to meet the needs of the community.

Midwifery

There has been a steady reduction in the number of home confinements. The 231 births at home represent 12·82% of the total births to Blackpool residents. This reduction is in part due to a decrease in the number of births and to an increase in the number of mothers admitted to hospital for early discharge after delivery. In addition to the home confinements the domiciliary midwives attended 551 of mothers discharged early.

Close contact is maintained with the hospitals and all early discharges are notified to the Supervisor of Midwives to ensure continuity of care of these mothers and babies.

During the year the Medical Research Council Working Party on Phenylketonuria indicated the need to change the method used to detect this condition. In future Midwives will be required to take blood samples from babies in their care after the sixth day of life. Laboratory facilities are unable to undertake this work in all areas but it is hoped that this will be commenced during the following year.

The building of a new maternity hospital in this area and the continued reduction of domiciliary confinements will require a reconsideration of the use of midwives within the next few years. A possible solution may be for midwives to work both in hospital and in the community.

Home Helps

Difficulties in the recruitment of home helps limited the amount of assistance that the department was able to give during 1969. Most home helps are part-time workers and in most areas there is an insufficient number of them to meet the increasing demands made for their services. In this situation it is essential that those with the greatest need have first call. The deciding factor in whether people can return home or remain in hospital often depends on the availability of domestic help. There can be no doubt that the service is one on which domiciliary health and welfare services as a whole increasingly depend for their proper functioning. Additional effort will be needed to recruit part-time and sessional workers and in this retired pensioners might have a role to play. The help is vitally needed by many aged and infirm to whom the home help service means not only the provision of bare necessities of life, but is often their only links with the world. The home helps deserve recognition for their initiative and compassion combined with real sense of service to the community.

Mental Health

Further provision was made for the mentally handicapped during the year with the commencement of building of a family group home at Grizedale Road. This will provide eight places for the mentally subnormal and is evidence of the re-evaluation of place of these people in the community by a progressive minded authority. Many of these who will be provided with a home no longer have any supporting relatives. In previous years they would have been admitted to a hospital many miles from any friends or associates they might have established. In association with the Adult Training Centre this will provide an integrated facility to develop their industrial and social potential.

Provision is also planned for a home in 1971-72.

During the year financial provision was sought for a hostel for the mentally ill to allow them to establish contacts before returning to the community after a period in hospital. The emphasis will be on the establishment of good interpersonal relationships with others and full use will be made of existing facilities such as day hospital and the support provided by doctors, nurses and social workers.

Ambulance Service

During the year a suggestion that the disused Civil Defence Centre might be used as a central ambulance station had to be dropped as there would have been insufficient accommodation for the entire fleet of ambulances. The present accommodation will be improved and facilities upgraded whilst further consideration is being given to the more long term requirements of the service in the light of the re-organisation services now being projected. The demand for ambulance transport has shown a slight increase during the year, and as further services and short-stay cases and "day-case" beds are developed at the hospital, future expansion will be required.

All new ambulances are now equipped with trolley type stretchers as recommended by the Working Party on Ambulance Equipment.

Environmental Hygiene

Of all the environmental hazards yet to be brought under control, air pollution is probably the greatest. It is clear that man by converting himself into an incinerator for tobacco leaves inflicts on himself the greatest harm by cigarette smoke. Second only to this in this area is the smoky coal-burning domestic fire. The combined effect of these two factors produces an interaction which results in a high prevalance rate of persistent cough and phlegm among smokers in heavily polluted areas of the country.

In England the death rate from respiratory diseases in children too young to smoke are higher than elsewhere in North-Western Europe and several enquiries show these to be more common in areas of high pollution. Deaths from respiratory disease in both adults and young children show a greater prevalence in this area. Obviously more research would be desirable, but if the best use is to be made of the available national resources these two factors should be placed high on the priority list of those wishing to control the environment.

Although no smoke control areas have as yet been established the continued reduction of both smoke and sulphur dioxide gives an indication that the population are slowly changing to smokeless fuels. Difficulties in supply experienced in some areas have not encouraged those considering the newer form of solid fuels, but many householders are changing to some form of central heating, using gas, oil or electricity.

The Housing Act 1969, whilst removing many of the compulsory powers, did emphasise the advantages to be gained from the rehabilitation of older houses and made provision for tenants to initiate action for the provision of standard amenities. During the year no applications were received in spite of considerable coverage in the press. The Chief Public Health Inspector draws attention to this, which would indicate that the task of improving houses requires further publicity if it is to achieve its objective.

Acknowledgement and thanks are due to the officers in charge of sections for the many items in this report which have been contributed by them.

I should like to thank the Chairman and members of the Social Services Group for their interest and support of the work of this department, and the other chief officers and heads of Corporation Departments for their ready assistance so willingly given.

Appreciation is also due to the loyal hard-working members of the staff, all of whom give of their best to maintain the smoother running of the service.

Municipal Health Centre,
Whitegate Drive,
Blackpool.
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D. W. WAUCHOB,
Medical Officer of Health.

GENERAL AND VITAL STATISTICS AND SOCIAL CONDITIONS IN THE BOROUGH

General Statistics

Area (exclusive of foreshore)	8,650 acres
Area of Foreshore and Tidal Water	2,076 acres
Population (Registrar General's estimate, mid-year, 1969)	146,700
Population (Census 1961)	153,185
Number of inhabited houses	54,653
Number of empty houses	679
Rateable Value of the Borough	£8,378,032
Product of a Penny Rate	£33,625

SOCIAL CONDITIONS OF THE BOROUGH

The Area Compatibility Factors for births and deaths are 1·20 and 0·78, thus signifying the Borough as a retirement resort.

The figures below, kindly furnished by the Manager of the Labour Exchange, show the employment position with regard to the Borough.

	Men	Women	Boys	Girls	Total
Unemployed					
June, 1969	1,175	237	34	12	1,458
December, 1969	2,218	562	60	34	2,874
Registered Disabled					
April, 1969	2,149	506	8	7	2,670
Unemployed Disabled					
Suitable for ordinary employment,					
June, 1969	171	3	—	1	175
December, 1969	295	44	2	1	342
Unemployed					
Suitable for sheltered employment,					
June, 1969	24	1	—	—	25
December, 1969	26	1	—	—	27

Trade and Industry—The employment position in the Borough has changed little during the past year, with the seasonal nature of the town being fairly reflected in the figures quoted above.

VITAL STATISTICS

		1969 Male	Female	Total
Live Births:	Legitimate	804	731	1,535
	Illegitimate	151	115	266
	Birth Rate (Crude) per 1,000 population		12·27	
	Birth Rate (Standardised) per 1,000 pop.		14·73	
Stillbirths:	Legitimate	11	7	18
	Illegitimate	4	1	5
	Rate per 1,000 births (live and still)		13·16	
	Rate per 1,000 population		0·17	
	Total live and still births	970	854	1,824
Infant Deaths		14	11	25
Infant mortality rate per 1,000 livebirths - total			13·88	
Infant mortality per 1,000 live births - legitimate			13·68	
Infant mortality rate per 1,000 live births - illegitimate			15·04	
Neo-natal mortality rate per 1,000 live births			9·44	
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)			8·88	
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still-births)			21·38	
Maternal deaths (including abortion)			1	
Maternal mortality rate per 1,000 live and still births			0·55	
Illegitimate live births per cent. of total live births			14·77	

BIRTHS

The number of live births in Blackpool during 1969 was 1,801, a reduction of 58 on 1968. The crude birth rate is 12·27 per thousand population and the adjusted birth rate is 14·73, as compared with 12·56 and 15·09 in 1968. The rate for England and Wales with which the adjusted rate should be compared is 16·3.

Illegitimate Births. 266 such births were registered during the year, 2 more than in 1968, resulting in a rate of 14·77 of the total live births.

Stillbirths. 23 stillbirths were registered during 1969, one less than in 1968. This gives a rate of 13·16 per thousand total births, as against 12·75 in 1968. The rate for England and Wales is 13.

RECENT POPULATION CHANGES IN THE BOROUGH

According to the Registrar General's estimated figure for mid-1969, a decrease of 1,150 is recorded. Deaths again exceed births, this year by 934; migration of 216 persons from the borough thus accounting for the change.

The figures below outline the trend in population, births and deaths from the year 1957 to date.

Year	Midyear Population Registrar General's Estimated Figure	Population change during year	Change in Population due to births and deaths only during year	Change in Population due to migration
1957	145,600	– 900	– 629	– 271
1958	144,500	– 1,100	– 743	– 357
1959	143,600	– 900	– 657	– 243
1960	143,530	– 70	– 556	+ 486
1961	150,000	+ 6,470	– 702	+ 7,172*
1962	151,250	+ 1,250	– 671	+ 1,921
1963	151,000	– 250	– 498	+ 248
1964	150,030	– 970	– 552	– 418
1965	150,440	+ 410	– 631	+ 1,041
1966	151,300	+ 860	– 670	+ 1,530
1967	151,510	+ 210	– 668	+ 878
1968	147,850	– 3,660	– 890	– 2,770
1969	146,700	– 1,150	– 934	– 216

Note: The 1961 Census Figure was 153,185.

*Steep increase due to rise in the estimated population based on preliminary 1961 census figure.

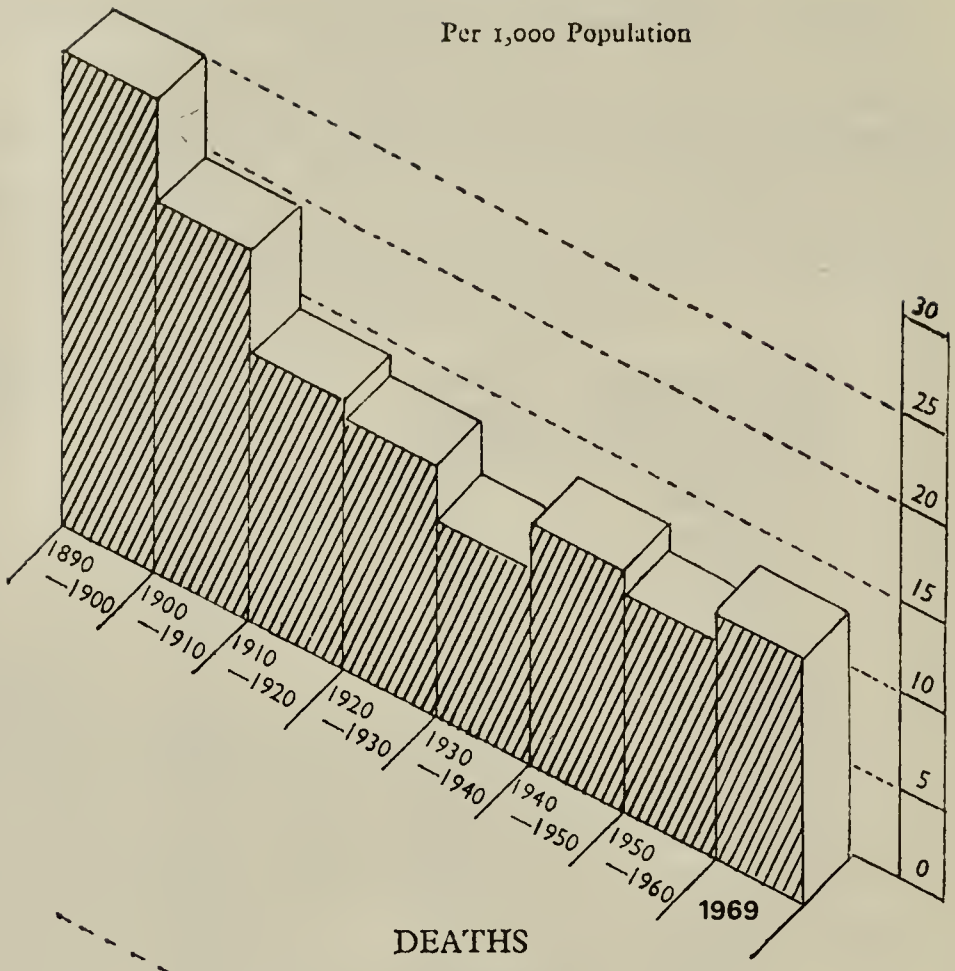
DEATHS

	Male	Female	Total
Deaths	1,286	1,449	2,735
Death Rate (Crude) per 1,000 population ..		18·65	
Death Rate (Standardised) per 1,000 population		14·54	
Death Rate for England and Wales		11·9	

AGE	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Under 12 months	2·06	1·78	1·67	2·05	1·79	2·07	1·75	1·87	2·54	1·83	1·69	1·76	1·88	1·40	·91
1 year and under 5 years	·30	·34	·13	·16	·29	·21	·43	·15	·12	·38	·46	·23	·27	·26	·37
5 years and under 15 years	·05	·37	·34	·29	·17	·12	·17	·22	·27	·23	·08	·08	·23	·15	·18
15 years and under 65 years	27·13	26·82	27·64	26·49	25·58	25·94	25·69	24·54	23·58	25·08	25·16	24·93	23·91	22·74	21·94
65 years and over								31·03	30·65	30·95	31·77	28·45	30·38	30·71	31·55
75 years and over	70·46	70·69	70·22	71·01	72·17	71·66	71·96	31·07	31·32	32·83	31·31	32·35	32·94	35·46	34·99
85 years and over								11·12	11·52	8·70	9·53	12·20	10·39	9·28	10·06

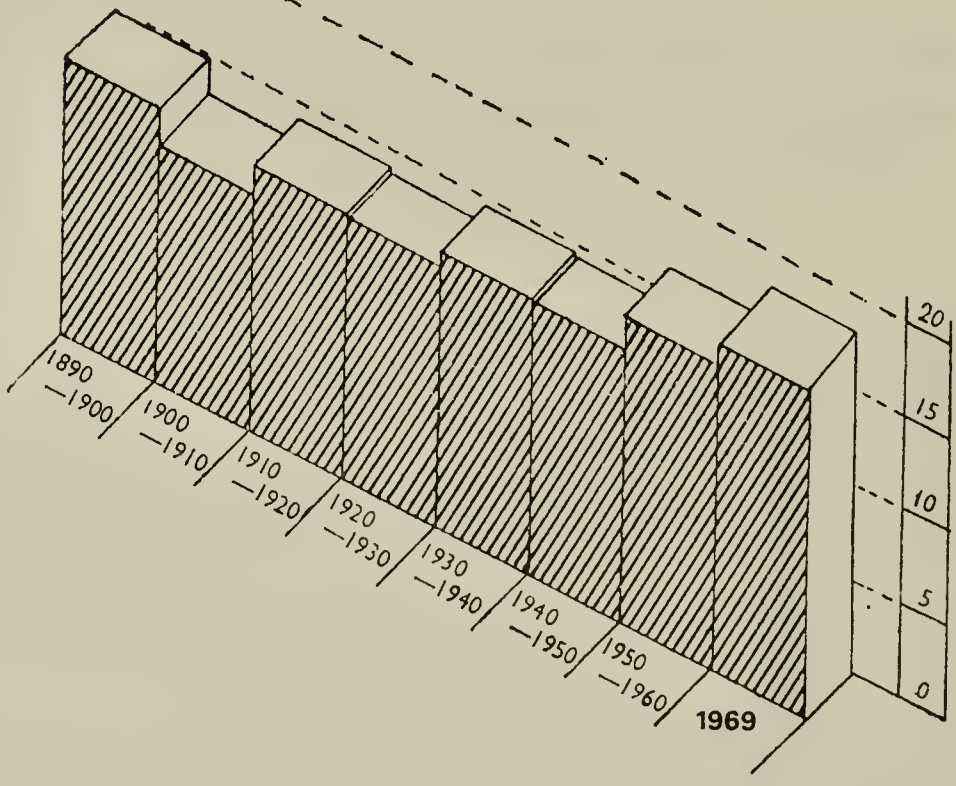
LIVE BIRTHS

Per 1,000 Population



DEATHS

Per 1,000 Population



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF BLACKPOOL

Cause of Death	Sex	All ages	Age at Death										
			Under 4 wks.	4 wks. & u. 1 yr.	1—	5—	15—	25—	35—	45—	55—	65—	75 and over
Enteritis and Other Diarrhoeal Diseases	M	1	—	1	—	—	—	—	—	—	—	—	—
	F	2	—	1	—	—	—	—	—	—	—	—	1
Tuberculosis of Respiratory System	M	2	—	—	—	—	—	—	—	1	1	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculosis, including late effects	M	4	—	—	—	—	—	—	—	1	1	2	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
Syphilis and its sequelae	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	1	—	—	—	—	—	—	—	—	—	—	1
Other infective and parasitic diseases	M	2	—	—	—	—	—	—	—	—	—	1	1
	F	2	—	—	—	—	—	—	—	—	2	—	—
Malignant Neoplasm, buccal cavity, etc.	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	2	—	—	—	—	—	—	—	—	—	2	—
Malignant neoplasm, oesophagus	M	14	—	—	—	—	—	—	—	—	—	7	7
	F	5	—	—	—	—	—	—	—	—	—	—	5
Malignant neoplasm, stomach	M	30	—	—	—	—	—	—	1	3	7	10	9
	F	32	—	—	—	—	—	1	—	—	7	8	16
Malignant neoplasm, intestine	M	24	—	—	—	—	—	—	—	1	7	8	8
	F	69	—	—	—	—	—	—	—	2	9	32	26
Malignant neoplasm, larynx	M	2	—	—	—	—	—	—	—	—	—	1	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, lung, bronchus	M	87	—	—	—	—	—	—	1	10	29	37	10
	F	21	—	—	—	—	—	—	1	2	7	9	2
Malignant neoplasm, breast	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	34	—	—	—	—	—	—	3	6	8	4	13
Carried forward	M	168	—	1	—	—	—	—	2	16	45	67	37
	F	169	—	1	—	—	—	1	4	10	34	55	64

Cause of Death	Sex	All ages	Age at Death										
			Under 4 wks.	4 wks. & u. 1 yr.	1—	5—	15—	25—	35—	45—	55—	65—	75 and over
Brought forward	M	168	—	1	—	—	—	—	2	16	45	67	37
	F	169	—	1	—	—	—	1	4	10	34	55	64
Malignant neoplasm, uterus	F	21	—	—	—	—	—	—	2	4	6	5	4
Malignant neoplasm, prostate	M	21	—	—	—	—	—	—	—	1	3	7	10
Leukaemia	M	10	—	—	1	2	—	—	2	—	—	2	3
	F	9	—	—	1	—	—	—	—	1	2	2	3
Other malignant neoplasms	M	48	—	—	—	—	—	—	1	7	7	19	14
	F	78	—	—	—	—	—	1	2	9	21	25	20
Benign and unspecified neoplasms	M	2	—	—	—	—	—	—	—	—	2	—	—
	F	3	—	—	—	—	1	—	—	—	—	2	—
Diabetes mellitus	M	8	—	—	—	—	—	—	—	—	1	4	3
	F	13	—	—	—	—	—	—	—	1	1	6	5
Other endocrine, etc., diseases	M	4	—	—	1	1	—	—	1	1	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	2	—
Anaemias	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	7	—	—	—	—	—	—	—	—	—	1	6
Other diseases of blood, etc.	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Mental disorders	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	6	—	—	—	—	—	—	—	—	—	1	5
Meningitis	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	1	—
Other diseases of nervous system, etc.	M	10	—	—	—	—	1	—	—	—	3	4	2
	F	10	—	—	—	—	—	—	1	1	1	2	5
Chronic rheumatic heart disease	M	10	—	—	—	—	—	—	—	1	3	4	2
	F	28	—	—	—	—	—	—	—	3	4	13	8
Hypertensive Disease	M	13	—	—	—	—	—	—	—	—	2	7	4
	F	20	—	—	—	—	—	—	—	1	3	6	10

Ischaemic heart disease	M	376	—	—	—	—	—	—	8	36	83	144	105
	F	321	—	—	—	—	—	1	2	8	36	95	179
Other forms of heart disease	M	84	—	—	—	—	—	—	—	2	7	37	38
	F	114	—	—	—	—	—	—	—	1	3	19	91
Cerebrovascular disease	M	175	—	—	—	—	—	—	2	8	20	62	83
	F	281	—	—	—	—	—	—	—	4	30	69	178
Other diseases of circulatory system	M	70	—	—	—	—	—	—	—	—	6	17	47
	F	88	—	—	—	—	—	—	1	1	3	13	70
Influenza	M	11	—	—	—	—	—	—	1	—	1	5	4
	F	10	—	—	—	—	—	—	—	—	2	3	5
Pneumonia	M	43	—	1	1	—	—	—	—	4	4	12	21
	F	46	—	1	—	—	—	—	2	3	2	10	28
Bronchitis and emphysema	M	97	—	—	—	—	—	—	—	4	19	46	28
	F	43	—	—	—	—	—	—	—	—	5	17	21
Asthma	M	5	—	—	—	—	—	—	—	—	1	4	—
	F	2	—	—	—	—	—	1	—	—	—	1	—
Other diseases of respiratory system	M	19	—	2	—	—	—	1	1	1	3	3	8
	F	18	—	1	1	—	—	—	—	—	1	6	9
Peptic ulcer	M	11	—	—	—	—	—	—	—	—	2	5	4
	F	10	—	—	—	—	—	—	—	—	3	2	5
Appendicitis	M	6	—	—	—	1	—	—	—	2	—	3	—
	F	2	—	—	—	—	—	—	—	—	1	—	1
Intestinal obstruction and hernia	M	2	—	—	—	—	—	—	—	—	—	1	1
	F	5	—	—	—	—	—	—	—	—	—	1	4
Cirrhosis of liver	M	3	—	—	—	—	—	—	—	2	1	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of digestive system	M	9	—	—	—	—	—	—	—	1	1	5	2
	F	20	—	—	—	—	—	1	1	1	2	8	7
Nephritis and nephrosis	M	6	—	—	—	—	—	—	—	—	2	1	3
	F	4	—	—	—	—	—	—	2	—	—	2	—
Carried forward	M	1212	—	4	3	4	1	1	18	86	216	460	419
	F	1332	—	3	2	—	1	5	17	48	160	367	729

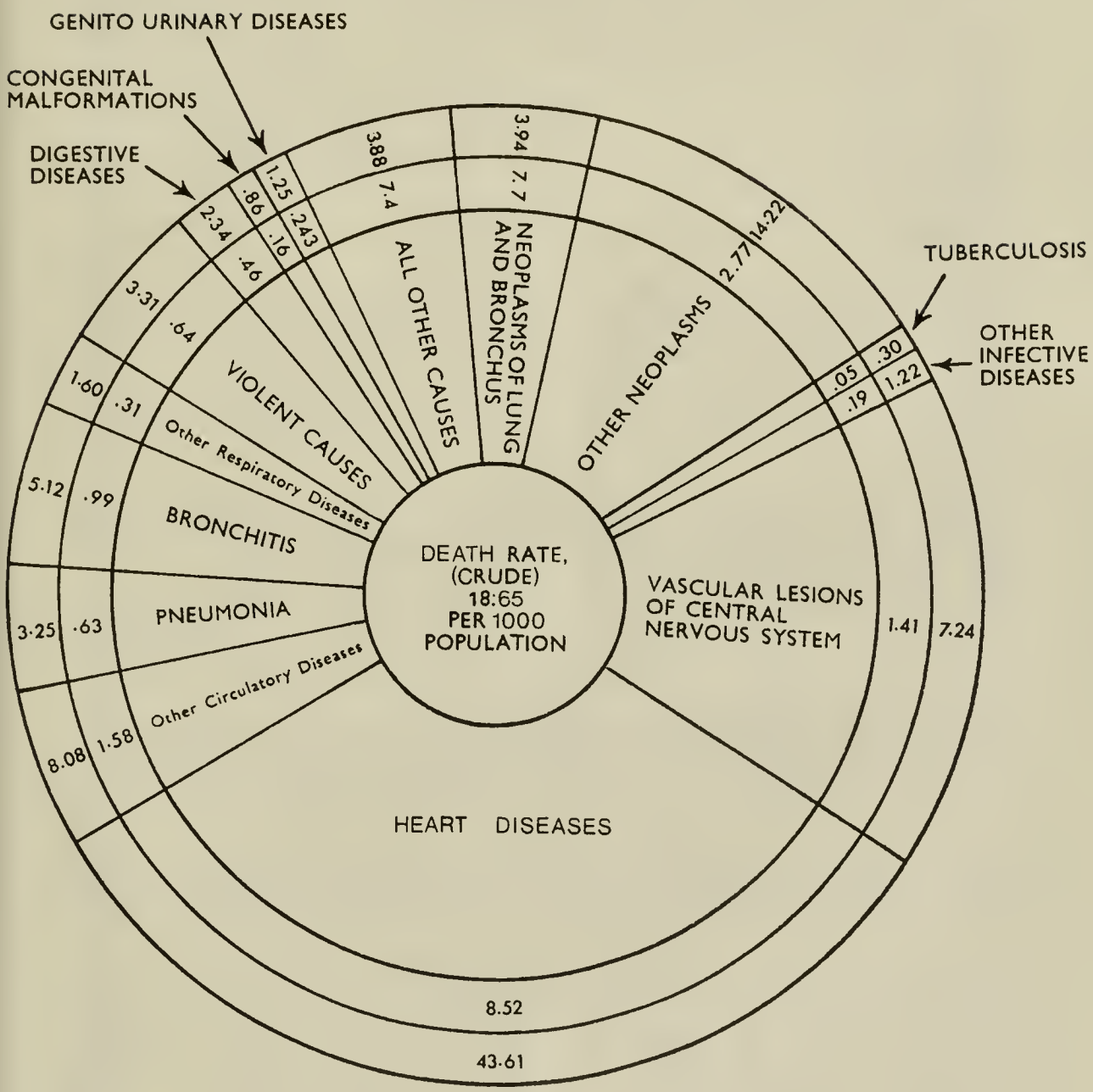
Cause of Death	Sex	All ages wks.	Age at Death										
			4 wks. & u.	Under 4 1 yr.	1—	5—	15—	25—	35—	45—	55—	65—	75 and over
Brought forward	M	1212	—	4	3	4	1	1	18	86	216	460	419
	F	1332	—	3	2	—	1	5	17	48	160	367	729
Hyperplasia of prostate	M	3	—	—	—	—	—	—	—	—	—	1	2
Other diseases, genito-urinary system	M	6	—	—	—	—	—	—	1	1	—	2	2
	F	15	—	—	—	—	—	—	—	—	4	8	3
Diseases of skin, subcutaneous tissue	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Diseases of musculo-skeletal system	M	4	—	—	—	—	—	1	—	—	2	—	1
	F	8	—	—	—	—	—	—	—	1	—	3	4
Congenital anomalies	M	2	—	1	1	—	—	—	—	—	—	—	—
	F	7	2	—	2	—	1	—	—	—	1	1	—
Birth injury, difficult labour, etc.	M	7	7	—	—	—	—	—	—	—	—	—	—
	F	3	3	—	—	—	—	—	—	—	—	—	—
Other causes of perinatal mortality	M	2	2	—	—	—	—	—	—	—	—	—	—
	F	2	2	—	—	—	—	—	—	—	—	—	—
Symptoms and ill defined conditions	M	13	—	—	—	—	—	—	—	—	—	—	13
	F	27	—	—	—	—	—	—	1	—	—	—	26
Motor vehicle accidents	M	8	—	—	—	—	3	1	1	—	1	1	1
	F	8	—	—	—	1	1	—	2	—	—	3	1
All other accidents	M	18	—	—	2	—	—	1	1	2	3	3	6
	F	31	—	—	—	—	—	2	—	1	2	6	20
Suicides and self-inflicted injuries	M	11	—	—	—	—	1	—	—	3	1	3	3
	F	5	—	—	—	—	—	1	—	1	1	2	—
All other external causes	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	10	1	—	—	—	1	1	2	—	1	3	1
TOTAL ALL CAUSES	M	1286	9	5	6	4	5	4	21	92	223	470	447
	F	1449	8	3	4	1	4	9	22	51	169	393	785

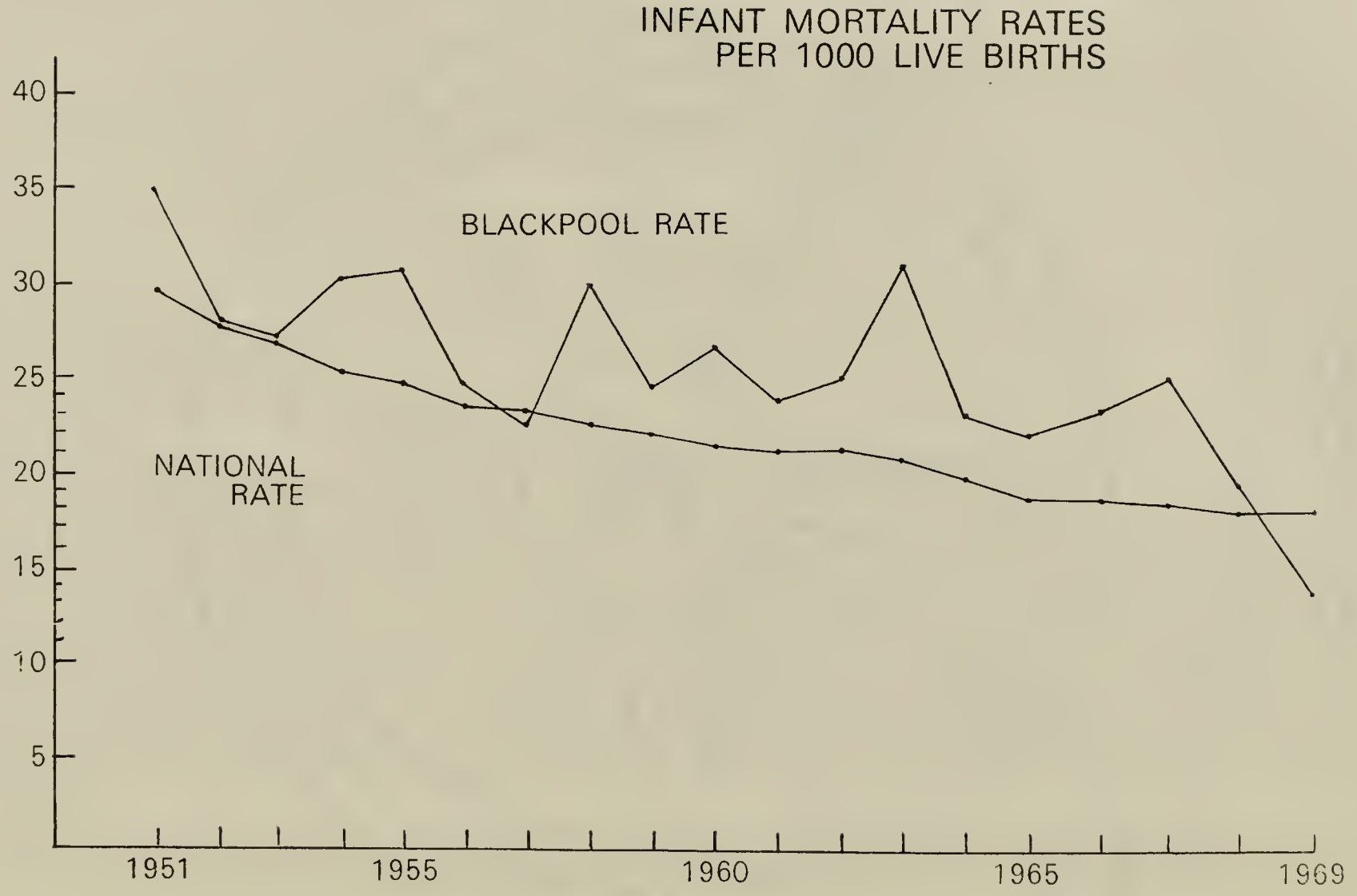
Deaths from Principal Causes

Rate per 1,000 population

and

Percentage of Total Deaths (Outer Circle)




INFANT MORTALITY RATES
PER 1000 LIVE BIRTHS
40
35
30
25
20
15
10
5
BLACKPOOL RATE
NATIONAL
RATE
1951
1955
1960
1965
1969

DEATHS

There were 2,735 deaths in 1969, compared with 2,749 in 1968 and 2,614 in 1967. This comprised 1,286 males and 1,449 females. Of every 100 people dying in 1969 there were 4 under 45 years of age, 20 between 45 and 64 years of age, 31 between 65 and 74, and 45 aged 75 and over.

The number of deaths from each of the four leading causes were: (1968 figures in brackets):

Diseases of the heart	1,124	(1,161)
Cancer (all forms)	513	(521)
Vascular lesions of central nervous system	456	(425)
Diseases of respiratory system	294	(280)

The deaths from lung cancer were 108, 38 less than in 1968. Of these, 87 were males.

Violent causes accounted for 91 deaths: 16 died in motor vehicle accidents, 16 as a result of suicide, and 49 from other accidents (many occurring in the home).

Coronary Heart Disease. 697 deaths were recorded from this disease during 1969, 33 less than in 1968.

Deaths and rate per 1,000 population are shown below:

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
No. of deaths	448	497	527	517	607	578	570	614	730	697
Rate per 1,000 population	3·05	3·31	3·48	3·42	4·04	3·84	3·76	4·05	4·94	4·15

Tuberculosis. Seven persons died from tuberculosis during 1969, this being 8 less than in 1968. Two of these deaths were due to respiratory tuberculosis. The rate per thousand population is thus 0·05.

Cancer. A slight decrease in the number of deaths due to cancer from 521 in 1968 to 513 in 1969. The following chart shows the number of deaths, with site of disease, over the last 10 years.

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Lung and Bronchus	111	98	99	83	134	121	103	127	146	108
Stomach	56	62	91	61	68	56	76	54	59	62
Breast	34	41	41	43	42	39	39	54	46	34
Uterus	21	27	23	22	23	21	27	24	22	21
Leukaemia	13	10	4	7	12	11	9	8	11	19
Other sites	183	221	233	227	207	221	205	213	237	269
	418	459	491	443	486	469	459	480	521	513

Rate per 1,000 population,	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Blackpool	2·92	3·06	3·24	2·93	3·24	3·12	3·03	3·17	3·53	3·50
Rate per 1,000 population, England and Wales	2·15	2·16	2·18	2·17	2·21	2·23	2·28	2·28	2·32	2·35

Suicides. 16 suicides were recorded in 1969, 10 males and 6 females - 16 less than in 1968. Nine of these suicides concern people of 55 years or over, and 3 were known to the Mental Health Section.

Maternal Mortality. There was 1 maternal death during 1969, this being the second recorded during the past 8 years, and gives a death rate per thousand total births of 0·55 in 1969.

INFANT MORTALITY

Twenty-five children died under the age of one year during 1969, and this compares very favourably with the total of 38 during 1968 and 49 during 1967. A rate of 13·88 per thousand live births is thus recorded against 20·44 in 1968 and 25 in 1967. The national figure is now 18.

Neo-natal Mortality. There were 17 deaths during the first month of life - 16 during the first week. This again compares favourably with the 1968 figures when 28 deaths occurred - 26 being during the first week. The rate per thousand live births for neo-natal and early neo-natal are thus 9·44 and 8·88. For comparison the national figures are 12 and 10 respectively.

Peri-Natal Mortality. The peri-natal mortality rate (stillbirths and deaths under one week combined per thousand total live and stillbirths) shows a considerable decrease to 21·38 in 1969 as opposed to 26·56 in 1968 and 38·19 in 1967. The national figure is now 23.

Cause of Death	Died in					
	1st Week	2nd Week	3rd Week	4th Week	4 weeks plus	Total
Acute Tracheo-Bronchitis	–	–	–	–	3	3
Prematurity	9	–	–	–	–	9
Microcephaly	1	–	–	–	–	1
Respiratory Distress	2	–	–	–	–	2
Congenital Malformation	3	1	–	–	–	4
Acute Broncho-Pneumonia	–	–	–	–	3	3
Cerebral Haemorrhage	1	–	–	–	–	1
Gastro-Enteritis	–	–	–	–	2	2
TOTALS ..	16	1	–	–	8	25

Comparative Statistics

The following table affords a comparison between the statistics of previous years, so far as they are available, with those under the year of review.

PERIOD	Birth Rates (Crude)				Death Rates (Crude)							
	Total Live Births	Still Births	Illegitimate Live Births		Total	Infantile	Neo-Natal	Peri-Natal	Maternal	Tuber-culosis	Cancer (All types)	Lung Cancer
	per 1,000 popula-tion	per 1,000 total births	per 1,000 total popula-tion	per cent. of total live births	per 1,000 popula-tion	per 1,000 live births	per 1,000 live births	per 1,000 live and still births	per 1,000 total births	per 1,000 popula-tion	per 1,000 popula-tion	per 1,000 popula-tion
1886—1890	25·2	—	—	—	15·3	144·2	—	—	—	—	—	—
1891—1895	23·9	—	—	—	15·3	168·2	—	—	—	—	—	—
1896—1900	26·5	—	—	—	14·4	159·9	—	—	—	—	·67	—
1901—1905	22·3	—	1·3	—	12·9	138·4	—	—	—	—	·93	—
1906—1910	17·4	—	1·2	—	12·2	115·4	—	—	—	—	·88	—
1911—1915	15·6	—	1·3	—	14·0	115·7	—	—	—	·91	1·3	—
1916—1920	12·7	—	1·4	—	14·7	88·8	—	—	—	1·0	1·6	—
1921—1925	15·0	—	1·3	—	14·3	73·3	—	—	6·6	·88	1·7	—
1926—1930	11·8	—	·93	—	13·7	66·2	—	—	5·7	·76	1·8	—
1931—1935	10·5	53·5	·76	—	14·2	63·6	—	—	6·0	·71	2·0	—
1936 ..	10·8	55·2	·62	—	15·6	63·0	—	—	4·6	·63	2·1	—
1937 ..	10·3	66·9	·64	—	16·6	57·7	—	—	3·1	·62	2·2	—
1938 ..	10·9	42·5	·63	—	14·6	47·2	—	—	4·7	·59	2·3	—
1939 ..	10·6	39·5	·78	—	14·8	53·5	—	—	2·6	·58	2·1	—
1940 ..	9·4	40·4	·69	—	15·4	53·0	—	—	7·1	·49	1·7	—
1941 ..	11·5	36·1	·97	—	15·5	56·8	—	—	2·0	·62	2·3	—
1942 ..	12·7	36·9	1·3	—	13·8	68·4	—	—	4·8	·49	1·9	—
1943 ..	12·5	30·3	1·2	—	14·8	62·6	—	—	2·5	·55	2·2	—
1944 ..	13·8	33·7	1·4	—	14·3	41·3	—	—	3·8	·53	2·2	—
1945 ..	12·5	29·1	1·7	—	14·8	37·8	—	—	2·6	·5	2·3	—
1946 ..	13·7	28·2	1·3	—	13·8	37·8	—	—	2·8	·53	2·2	—
1947 ..	15·2	27·1	·98	—	14·6	43·4	—	—	2·1	·53	2·1	—
1948 ..	13·3	29·0	1·1	—	13·8	36·3	—	—	1·9	·47	2·2	—
1949 ..	12·2	31·4	·88	—	15·1	25·8	—	—	1·1	·45	2·4	—
1950 ..	11·3	28·7	·73	—	15·7	37·8	24·8	—	1·7	·30	2·4	—
1951 ..	11·1	31·7	·86	—	18·3	35·2	24·7	—	1·2	·34	2·6	—
1952 ..	10·9	29·0	·68	—	15·4	28·0	19·3	—	·6	·30	2·6	—
1953 ..	11·0	27·6	·91	—	14·3	27·2	22·2	—	·6	·16	2·5	—
1954 ..	10·8	32·2	·84	—	16·1	30·1	23·2	—	·6	·30	2·6	—
1955 ..	10·8	26·4	·86	—	16·0	30·3	25·3	—	—	·21	2·8	0·42
1956 ..	11·7	28·8	1·02	8·7	16·4	24·9	18·0	—	·6	·21	2·7	0·55
1957 ..	11·7	26·2	·79	6·7	16·1	22·8	16·4	—	—	·16	2·8	0·57
1958 ..	11·7	27·2	·85	7·3	16·9	29·6	23·1	—	1·15	·18	3·1	0·64
1959 ..	12·1	23·0	·87	7·2	16·6	24·8	17·2	38·8	—	·11	2·7	0·46
1960 ..	12·9	15·4	1·1	8·5	16·8	26·9	20·5	32·9	—	·13	2·9	0·7
1961 ..	12·5	23·4	1·2	9·4	17·2	23·9	15·4	35·8	1·04	·19	3·1	0·65
1962 ..	13·2	24·0	1·4	10·3	17·6	25·1	18·0	38·7	—	·09	3·2	0·65
1963 ..	13·7	17·5	1·5	11·1	16·9	31·4	19·8	33·7	—	·16	2·9	0·55
1964 ..	13·8	18·5	1·6	11·6	17·5	23·2	15·8	32·3	—	·07	3·24	0·89
1965 ..	13·11	18·95	1·6	12·17	17·3	22·31	16·22	32·32	—	·07	3·12	0·80
1966 ..	12·85	12·19	1·77	13·83	17·28	23·65	17·47	25·71	0·51	·03	3·03	0·68
1967 ..	12·84	22·0	1·7	13·52	17·26	25·0	16·44	38·19	—	·03	3·17	0·84
1968 ..	12·56	12·75	1·79	14·20	18·59	20·44	15·06	26·56	—	.10	3·53	0·99
1969 ..	12·27	13·16	1·81	14·77	18·65	13·88	9·44	21·38	0·55	·05	3·50	0·74

INFECTIOUS DISEASES AND EPIDEMIOLOGY

1969 has fortunately been a very quiet year for infectious diseases, the only conditions to show an increase being scarlet fever and the newly notifiable infectious hepatitis; there is evidence that notification has revealed hepatitis to be quite a common problem, especially in schools, hospitals and institutions.

The figures for infectious diseases for 1969 speak a strong case for the value of immunisation, and show how important it is for health authorities to maintain a high level of population immunity, a most difficult task-as is explained later in the section on immunisation and vaccination; it is noteworthy that the only two diseases showing an increase in 1969 were conditions for which there is no vaccine.

Diphtheria. The last case of diphtheria was in 1950.

Poliomyelitis. No cases were reported during the year, only two cases being reported in the last nine years.

Cases notified, admission to hospital and age periods of cases are shown in the following tables, which also show notifications year by year from 1954 for comparison purposes:

Disease	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Scarlet Fever ..	379	152	137	159	73	126	187	163	95	36	39	72	73	66	35	9	51
Whooping Cough	430	192	93	281	76	44	92	159	22	8	36	109	17	36	69	29	10
Diptheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	695	1,741	932	82	3,096	276	1,498	775	900	1,050	987	932	509	1,455	438	945	149
Meningococcal Infections ..	3	—	5	8	6	4	6	4	—	4	—	1	2	2	6	—	—
Poliomyelitis ..	44	2	8	14	4	8	—	—	—	1	—	—	—	1	—	—	—
Encephalitis ..	—	—	—	—	3	1	3	1	2	1	—	4	—	1	—	—	—
Dysentery ..	30	87	817	206	84	50	62	79	55	159	43	7	420	10	43	191	63
Ophthalmia Neonatorum ..	23	26	17	33	30	47	37	18	16	7	18	9	1	—	—	1	—
Enteric Fever/ Paratyphoid B Fever	—	1	—	—	2	3	1	—	2	—	—	4	231	—	—	2	1
Food Poisoning ..	194	44	29	24	92	14	101	39	13	8	31	32	22	13	31	4	16
Infective Hepatitis																58	87

Disease	Corrected Notifications	Admitted to Hospital	AGE PERIODS Corrected Notofications									
			Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 64	65 and over
Scarlet Fever	51	—	—	3	9	31	5	2	1	—	—	—
Whooping Cough ..	10	—	2	—	5	3	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	149	2	3	32	41	69	2	2	—	—	—	—
Acute Meningitis ..	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	63	—	2	7	10	18	4	5	10	2	2	3
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever/Para B ..	1	—	—	—	—	—	—	—	—	—	—	1
Food Poisoning	16	5	—	2	—	2	2	3	2	2	1	2
Infective Jaundice ..	87	25	—	1	5	25	14	15	14	3	6	4
Malaria	1	1	—	—	—	—	—	—	1	—	—	—

FOOD POISONING

General Outbreaks. There were no general outbreaks of food poisoning during the year.

Sporadic and Family Outbreaks. There were only 3 family outbreaks involving 7 cases and 8 sporadic cases, the causative agents being Salmonella reading (2), Salmonella panama (2), and Salmonella heidelberg (2), Salmonella stanleywille, and Salmonella virchow.

TUBERCULOSIS

Incidence. During the year 54 cases of tuberculosis were notified; 40 respiratory and 7 non-respiratory were primary notifications. The remaining 7 notifications were made up as follows:-

1 - Posthumous
6 - Transfers from other areas.

The following table classifies the primary notifications of tuberculosis according to age group:

Age Periods	Primary Notifications			
	Respiratory		Non-Respiratory	
	Male	Female	Male	Female
0—	—	—	—	—
1—	—	—	—	—
2—	1	3	—	—
5—	—	2	—	—
10—	1	—	1	1
20—	3	2	2	—
25—	6	4	1	1
35—	3	2	—	—
45—	3	1	1	—
55—	3	1	—	—
65—	2	—	—	—
75—	3	—	—	—
TOTALS	25	15	5	2

The following table which summarises the notifications register shows the number of patients at the end of 1968, the fluctuation of patients during the year 1969 and the number remaining at the end:

Type and Sex of Case		Remaining on register 31.12.68	Notificat'ns (from all sources)	Died	Recovered	Transferred	Lost	Altered Diagnosis	Remaining on register
Respiratory Tuberculosis	M	362	28	15	46	15	1	—	313
	F	211	19	4	37	8	—	—	181
Non-Respiratory Tuberculosis	M	38	5	1	3	1	—	—	38
	F	40	2	1	4	—	—	—	37
TOTALS		651	54	21	90	24	1	—	569

Chest Clinic. This clinic, administered by the Blackpool and Fylde Hospital Management Committee, is now held at the Victoria Hospital at the following times:-

Monday	9.30 a.m. - 11.30 a.m. 2.30 p.m. - 4.30 p.m.
Tuesday	2.30 p.m. - 4.30 p.m.
Wednesday	9.30 a.m. - 11.30 a.m.
Thursday	9.30 a.m. - 11.30 a.m. 2.30 p.m. - 4.30 p.m.
Friday	9.30 a.m. - 11.30 a.m. 2.30 p.m. - 4.30 p.m.

Notifications of Respiratory Tuberculosis for Blackpool

Year	Notified	Transfers	Total
1956	65	14	79
1957	33	17	50
1958	34	23	57
1959	46	34	80
1960	57	12	69
1961	78	15	93
1962	60	10	70
1963	44	13	57
1964	62	11	73
1965	59	3	62
1966	60	13	73
1967	40	15	55
1968	40	11	51
1969	40	6	46

VENEREAL DISEASE

The Venereal Disease Clinic is located at the rear of the Municipal Health Centre. This Clinic is under the control of the Blackpool and Fylde Hospital Management Committee, who have kindly furnished the following information:-

Clinic Sessions:

Males:	Wednesday	10.00 a.m. to 12 noon
	Monday and Thursday	4.45 p.m. to 6.30 p.m.
Females:	Thursday and Friday	10.0 a.m. to 12 noon
	Tuesday	4.45 p.m. to 6.30 p.m.

The above facilities are brought to the attention of the public by means of notices fixed in toilets used by the general public.

Dr. J. F. Mackay, the Consultant Venereologist, reports that there is little to comment upon this year, but has kindly supplied the following figures:-

NUMBER OF NEW CASES IN YEAR				
Local Authority Area	Syphillis	Gonorrhoea	Other Conditions	Total
Blackpool	10	176	492	678
Lancashire C.C. ..	2	69	226	297
Others	—	3	10	13
TOTAL ..	12	248	728	988

A more detailed analysis of these figures is shown in the following table:-

		NEW CASES OF INFECTION	Totals	Male	Female
1.	(i)	Syphilis:- Primary	3	2	1
	(ii)	Secondary	3	3	—
	(iii)	Latent in first year of Infection	2	2	—
	(iv)	Cardio-vascular	—	—	—
	(v)	Of the nervous system	—	—	—
	(vi)	All other late and latent stages	2	1	1
	(vii)	Congenital (under 1 year)	—	—	—
	(viii)	Congenital (over 1 year)	2	1	1
		Total of Lines included in 1	12	9	3
2.		Gonorrhoea	248	163	85
3.	(i)	Chancroid	—	—	—
	(ii)	Lymphogranuloma Venereum (Syn. Lymphogranuloma Inguinale)	—	—	—
	(iii)	Granuloma Inguinale (Syn. Granuloma Venereum) ..	—	—	—
	(iv)	Non-Gonococcal Urethritis	124	124	—
	(v)	Non-Gonococcal Urethritis with Arthritis	1	1	—
	(vi)	Trichomonal Infestations	55	4	51
	(vii)	Late or Latent Treponematoses presumed to be non-Syphilitic	—	—	—
	(viii)	Other conditions requiring treatment within the centre ..	322	135	187
	(ix)	Conditions requiring no treatment within the centre ..	226	156	70
	(x)	Undiagnosed Conditions	—	—	—
		Total of Lines included in 3	728	420	308
		Grand Totals (1, 2 and 3)	976	583	393

Section 22 - Care of Mothers and Young Children

Six Local Authority Clinics situate in various parts of the town serve the mother and young child.

Abbey Road Clinic
Bispham Clinic
Hawes Side Clinic
Layton Clinic
} Purpose Built

Health Centre Clinic—Converted Hospital ward - meets majority of requirements.

Mereside Clinic —Converted Church into combined clinic/library. Insufficient space to be totally satisfactory.

The tables below show details of attendances at the six clinics.

	Municipal Health C.		Bispham		Hawes Side		Layton		Mereside		Abbey Rd.		Total	
Children born 1969														
First Visits ..	244	(417)	291	(340)	239	(204)	179	(184)	85	(97)	167	(216)	1205	(1458)
Re-Visits ..	1470	(1981)	1822	(1911)	2022	(1933)	1324	(1303)	626	(718)	1404	(1430)	8668	(9276)
Total Visits Children born 1969.. ..	1091	(1441)	1504	(1626)	1420	(1232)	968	(710)	534	(598)	1312	(807)	6829	(6414
1968/65 ..	118	(127)	350	(294)	162	(298)	161	(124)	143	(96)	138	(198)	1072	(1137)
No. of Sessions per year ..	103	(103)	99	(99)	99	(100)	51	(51)	52	(53)	49	(49)	453	(455)
Average attendances per Session ..	28·4	(38·5)	40·0	(42·1)	38·8	(36·7)	49·6	(45·5)	26·7	(28·5)	61·7	(54·1)	39·7	(40·2)

Comparative figures for 1968 are shown in parenthesis.

The total number of visits in 1969 was 17,774 compared with 18,285 in 1968, a decrease of ·5 children per session to 39·7.

Ante-Natal Service

The attendance figures at ante-natal clinics which had shown a very marked reduction over the last few years showed a slight increase during 1969, due to a reduction in the number of clinics held. The declining figures over the past few years have been due to an increasing number of expectant mothers attending their own medical practitioner for ante-natal care. In many cases, the medical practitioners send their patients to the ante-natal clinic for routine blood tests.

As in previous years the co-operation between the Health Department and Glenroyd Maternity Hospital and Victoria Hospital has been excellent.

The following table shows the attendance at the six clinics during the year:-

ANTE-NATAL 1969

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Abbey Road	Total
First Visits.. ..	163 (234)	69 (96)	32 (47)	34 (35)	12 (21)	36 (59)	346 (492)
Total Visits ..	1544 (1795)	692 (876)	309 (384)	314 (322)	127 (171)	371 (559)	3357 (4107)
Number of women who attended during the year ..	259 (311)	99 (132)	55 (75)	50 (57)	19 (33)	45 (82)	527 (690)
Number of Clinic Sessions	53 (97)	52 (53)	52 (52)	51 (53)	25 (47)	50 (51)	283 (353)
Average attendance per session ..	29·1 (18·5)	13·3 (16·5)	6·0 (7·4)	6·2 (6·1)	5·0 (3·6)	7·4 (11·0)	11·86 (11·64)

Comparative figures for 1968 are shown in parentheses.

Post-Natal Service

The attendance figures at the post-natal clinics continue to decline, with the 1969 figures showing a marked reduction on those for 1968. Post-natal clinics are now held when required following ante-natal sessions. The reduction in attendance figures is largely due to the fact that increasing numbers of General Practitioners are giving ante-natal care, and also a subsequent post-natal examination.

A doctor of the Blackpool and Fylde Hospital Management Committee is in attendance at the post-natal clinic at the Municipal Health Centre, a proportion of his salary being met by this Authority for his services.

POST-NATAL 1969

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Abbey Road	Total
First Visit	89 (112)	40 (55)	16 (27)	17 (24)	6 (4)	25 (41)	193 (263)
Total Visits ..	93 (121)	45 (71)	16 (32)	19 (26)	6 (4)	28 (49)	207 (303)
Number of women who attended during year ..	90 (123)	34 (62)	18 (35)	17 (27)	6(6)	25 (49)	190(302)
Number of clinic sessions per year	32 (50)	24 (53)	18 (52)	19 (51)	7 (14)	20 (51)	120 (271)
Average attendance per session ..	3·0 (2·4)	1·9 (1·6)	·9 (·61)	1·0 (·51)	·9 (·28)	1·4 (·96)	1·7 (·97)

WELFARE FOODS

Tables below show sales made during the year together with comparative figures of previous years.

	National Dried Milk	Cod Liver Oil	Vitamins	Orange Juice	Proprietary Brands Welfare Foods
1969 ..	6,212	1,455	1,266	25,717	36,292
1968 ..	9,691	1,553	1,049	23,042	37,153
1967 ..	12,632	1,694	1,146	22,679	37,878
1966 ..	17,394	1,661	1,128	23,182	38,704
1965 ..	20,443	1,865	1,322	23,516	41,144
1964 ..	22,103	1,917	1,456	22,235	40,816

Proprietary Foods. The following foods are available at all Infant Welfare Clinics; selection of the type of milk or food is normally the mother's choice, excepting where the Medical Officer in attendance at the clinic feels that the infant would benefit from a certain type of milk or food. Their direction is normally accepted by the mother who continues to feed the baby accordingly until otherwise advised.

The list shows the unit sales during the year:-

Ambrosia Tablets	2
Baby Books	3
Baby Rice	201
Carnation Milk	878
Carnation Food	309
Cow and Gate F.C.	6,190
Cow and Gate H.C.	18
Eye Droppers..	36
Farex	402
High Protein	451
Horlicks	630
Malt and Oil	237
Marmite	478
Mixed Cereal	173
Ostermilk No. 1	27
Ostermilk, No. 2	6,392
Ovaltine	596
Ovaltine Rusks	350
Robsoup	2,507
Robsweet	2,326
Rose Hip Syrup	3,886
S.M.A.	1,293
Scotts Cereal	422
Trufood	1,895
Virol	354
Vits. A and D	4,324
Liga Food	1,912
Total	36,292

Confinements in Hospital and admission to Hospital on Social Grounds

The Council continue to loan the clinic premises at the Municipal Health Centre to the Blackpool and Fylde Hospital Management Committee, who hold, on Friday morning of each week, a special ante-natal booking clinic for those expectant mothers who wish to have their confinement in Glenroyd Maternity Hospital. This clinic is attended by the Consultant Obstetrician to the Hospital Management Committee.

Usually all first confinements are booked but other cases are assessed according to their medical and obstetrical needs. Those considered suitable for home confinement are referred to the Health Department and visited by the district midwife, who, if she feels that the home conditions are satisfactory, books the case. Should the home environment be unsuitable a report to that effect is forwarded to the Glenroyd Maternity Hospital and the patient is invariably allocated a bed in the hospital. In certain cases expectant mothers are booked for confinement in Glenroyd but for discharge home shortly after confinement to the care of the domiciliary midwife.

During the year 224 cases were investigated and of this number 159 were booked for confinement in either Glenroyd or other maternity hostpitals. There were 222 investigations for early discharge and of this number 179 were found to be suitable.

CONGENITAL MALFORMATIONS

Congenital defects apparent at birth, continue to be reported by the Glenroyd Maternity Hospital, Victoria Hospital, St. Annes Hospital and the domiciliary midwives. Any malformation observable at the time of birth is notified to the Health Department on the Statutory notification of birth, and is described as accurately as is possible at the time. In the case of stillbirths notified to the Department, information is requested from the Blackpool Victoria Hospital Pathological Department for the findings of the post mortem examination.

During the first few months of the year, few congenital malformations were reported and it became obvious that the system of reporting was not being strictly adhered to. It was, therefore, necessary to remind the persons concerned of the importance of these returns, and since that time numbers reported have returned to a more normal level.

These cases are coded according to the type of malformation, and a return, giving identity numbers (not names) is submitted each month to the Ministry of Health. On receipt of a notification of birth reporting a congenital malformation, the information is transferred to a wallet folder which is passed to the Assistant Medical Officer for the district concerned. These folders are filed separately at the area clinics to enable the Medical Officers to keep the children under surveillance.

During 1969, 29 babies were found to be suffering from congenital defects.

PHYSIOTHERAPY

The Physiotherapy Department has for the first time in several years now acquired almost its full complement of staff and this has meant that it has been possible to give a little more time to the treatment of children at Woodlands School Special Care Unit.

Just before Christmas the long awaited Geriatric Clinic was opened at the Health Centre and one afternoon session is now available for their physiotherapy treatment. This includes short wave, diathermy radiant and infra-red heat for both individual and general exercise classes. When separate classes were arranged for ladies and gentlemen the over-sixties requested them to be mixed! Already this afternoon session is a full one, and if it increases any more - which seems inevitable - another session may well have to be fitted in, possibly at the expense of another clinic elsewhere. A Stork Club has been started at Bispham Clinic comparable to the one at the Health Centre and both are thoroughly enjoyed by the expectant mothers with the ante-natal, exercise and relaxation classes. The School for Physically Handicapped at Highfurlong continues to provide the physiotherapists with hard, but interesting work. Looking back over the years it is found that the physiotherapists are now dealing with a higher proportion of severely physically handicapped children and consequently much more individual treatment is required.

The following table shows treatment given during the year:-

	Adults	Expectant Mothers	Children Under 5	School Children
Artificial Sunlight	8	18	681	3,058
Remedial Exercises	—	1,699	221	3,771
Radiant Heat	—	7	—	29
Massage	—	10	146	41
Other Treatment	—	2	22	806

PHENYLKETONURIA

Phenistix testing of newly born infants was undertaken and once again there were no confirmed cases.

FAMILY PLANNING

The Family Planning Services in Blackpool are run by the Blackpool and Fylde Branch of the Family Planning Association, and they have submitted the following report.

It is our happy duty to present the 17th Annual Report. Our work in Blackpool continues to grow, this is reflected in the number of new patients which increased by 140 to the highest figure yet of 1171.

4,600 existing patients made a total of 6,000 visits to our doctors, which also shows a considerable increase.

We had an eventful year culminating in the problems of changing patients on a high oestregen pill to a lower dose pill. In spite of this crisis happening at Christmastime it all went smoothly and we are indebted to our medical and non-medical workers for their devoted attention at such a busy time. There is a decline in the demand for the pill but it is still the most popular method.

Many inquiries were received regarding Vasectomy and these were referred to the Simon Trust. We cannot afford to run new clinics to meet a "fashion" in a birth control method, but if the demand evens out to a steady figure and if no new method such as a "morning-after" pill is forthcoming, we may consider setting up a clinic in 1970.

We have once again worked very closely with the Local Authority who through the Health Visitors referred many needy cases. The General Practitioners in the area sent us 228 patients.

The 3-yearly recall system from Christie Hospital has kept us very busy with our cervical smear work. 836 smears were taken being an increase of 300 on 1968. However, only 2 were found to be positive.

376 new patients attended in the 20 - 24 yrs. age group (still the largest).
134 new patients were single or pre-marital.
87 ,, ,, had four or more children, the largest family numbering 15.

We are still greatly concerned with our work amongst young unmarried people and a great deal of counselling takes place by our busy doctors. We usually manage to see both partners involved in these relationships. Being able to discuss the problems freely appears to help them and sometimes contraception does not become necessary.

We are now a Training Clinic for all methods and the flash of a sari brings a touch of colour to our work and reminds us of its world wide implications.

The continuing help and co-operation from Dr. Wauchob and his staff helps our work flow smoothly and we are indebted to him.

As the enormous saving in cost to the community becomes more apparent and as birth control becomes more acceptable, so we have to face an ever changing pattern. Without the interest of all our friends and dedicated helpers we could not congratulate ourselves on the achivements of 1969 and face the challenges of 1970.

DAY NURSERY

The Day Nursery, adjoining the Municipal Health Centre, was demolished and in March, 1969, new premises were found on the lower floor of Blenheim Lodge. These premises unfortunately did not permit us to admit the same number of children as we had been able to in the old nursery.

The provision of a new purpose built nursery was included in the capital es-mates programme for 1971/72 and although provision was made for it at all local levels the loan sanction from the Ministry was turned down.

As has been stated for some two years the demand for nursery accommodation has increased, not just for the children from the normal social groups requiring such accommodation, but because of the increased number of children with special problems and handicaps to whom the environment of a nursery is a major part of their pre-school socialisation. A strong case has been submitted to the Ministry to try to get sanction through in time to include the nursery in the 1971/72 programme and it is to be hoped that this loan will be sanctioned as soon as possible to allow a start to be made on the purpose built nursery.

In the new premises, Matron and staff have had difficulties because of the inadequacy of the space and play areas but, as always, have been extremely co-operative in accepting the special case children over and above the normal intake. Regular visits are made by one of the Medical Officers of the department to the nursery to carry out routine medicals on the children and particular screening is done regarding vision, hearing and speech.

Attendances

	Total	Average Daily	Days Open
Monday to Friday ..	5508	21·7	253

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

At the end of the year there were 57 registered nurseries and child minders, and 15 playgroups, as follows:-

Private Day Nurseries ..	2 ..	72 children
Daily Minders	56 ..	297 children
Playgroups	15 ..	349 children

During the year there were 33 new applications, two re-applications and 18 cancellations from child minders, and 15 applications from pre-school playgroups.

The Amendments to the Nurseries and Child Minders Regulation Act, 1948, have increased the number of persons registered as child minders in the town.

Regular routine visits are made to all registered child minders, day nurseries and playgroups.

One of the playgroups registered during the year is for handicapped children and is run by the Spina Bifida Society.

A few instances of unregistered persons acting as child minders have been reported to the Department, and these have been visited by Officers from the Department and the requirements of the Act brought to the notice of those concerned.

THE UNMARRIED MOTHER

The following facilities are now available to unmarried mothers in the town.

Fylde House of Help.

Fylde House is a Home where single mothers come before they have their babies, and stay for a few weeks after delivery. Many attend the Stork Club (mother-craft class) at the Health Centre and also the child health sessions after the baby is born. The health visitor visits the Home to see the babies and gives advice on feeding and general care. The Home is a voluntary one administered by the Blackpool Moral Welfare Committee, whose secretary informs me that 135 cases were admitted during the year, including 108 for shelter only, with an average duration of stay of 40 days, or three days in the case of shelter.

Ashcroft House

This is a voluntary home where unmarried mothers and their babies can stay up to two years. The home can accommodate eight mothers and this authority has accepted financial responsibility for five of these. The girl goes out to work and the baby is cared for during the day by resident staff. The health visitors call on the mothers and babies, as they do in Fylde House.

In the close co-operation with the general practitioner which is now developing, the health visitor is finding herself more involved with the unmarried mother at an earlier stage than she has previously been. The illegitimate birth rate is rising in Blackpool so that an increasing percentage of ante-natal mothers dealt with by the Health Visitor are unmarried.

Mother and Baby Homes

During the year three cases have received financial help from the Department following requests made by voluntary bodies. Two of these were admitted to the Fylde House of Help and one to the Girls' Hostel, Lancaster. This is the lowest total for some time and it may be that the unmarried mother and her child no longer carry the stigma with which they were previously associated.

As in previous years grants were given to the Lancaster Diocesan Protection and Rescue Society and the Blackpool and Fylde Moral Welfare Committee, whose social worker operates from an office in the Health Centre. The Department also continued to make a payment of £5 per Blackpool case dealt with by the Committee, these totalling 57 during the year.

MATERNITY AND CHILD WELFARE SERVICE

The establishment of School Dental Officers available for providing treatment for the above service remained as before, i.e., Chief Dental Officer, Full-time Dental Officer and three Part-time Dental Officers.

The Chief Dental Officer continued to inspect the expectant mothers at the ante-natal clinic, to give advice on treatment and Dental Health.

The overall pattern remained as before. Little demand for treatment although it was noted that patients were being treated by their own private Dentists, with only the odd patient refusing any treatment.

There was little change in the number of pre-school children attending for inspection and treatment, and although a few fillings were done, treatment was mostly for the relief of toothache.

Despite the fact that a large number of mothers who bring their children for routine treatment are often accompanied by pre-school children, and they are informed that treatment is available, it would appear that this fact is not as well known as it might be.

Numbers Provided with Dental Care

	Number Examined	Number who required treatment	Number who commenced treatment
Expectant and Nursing Mothers ..	358	302	2
Children Under Five	27	21	21

Forms of Dental Treatment Provided

	Scalings and Gum Treatment	Fillings	Emergency Visits	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ..	—	—	—	—	—	—	1	—	—
Children Under Five	—	3	14	—	36	20	—	—	—

Number of sessions devoted to M. & C.W. patients:—

For Treatment .. 7 For Health Education .. 38

SECTION 23 - MIDWIFERY

Domiciliary midwifery has again shown a rapid fall in the number of births - 237 against 290 the previous year. It is interesting to note that the early discharges from hospital which have been rising annually remained the same at 551.

The number of investigations re suitability for home confinement or early discharge which have risen steadily in recent years showed a rapid fall - 446 against 580. These cases resulted in 685 visits. This work takes a considerable portion of the midwives' time as in some cases the home has to be visited several times in spite of messages left before the patient can be found.

There have been changes in staff during the year, but in December the position was good. During the year a part-time midwife was employed to visit early discharge patients. Fortunately she lives at South Shore where the need is greatest. This resulted in $7\frac{1}{2}$ in post against an establishment of 8.

Although the staffing position looks good for the amount of work, there are still occasions when only 2 or 3 midwives are on duty. The midwives work a 5-day week with 3 nights off duty, but the service covers 7 days of 24 hours. There has again been some sick leave which considerably reduces the number on duty.

Housing continues to remain a problem. One midwife appointed on the 1st April is still waiting for better accommodation. Another midwife could have commenced duty in September, but no suitable house was available. Eventually after some difficulty she obtained her own temporary accommodation in October and finally her own house. She worked for several weeks without telephone or transport.

The Supervisor of midwives continues to visit Glenroyd Maternity Hospital to talk to each set of students before they start their district experience. Visits are also arranged for them to attend various clinics. Twenty-one students completed training during the year, but some went to Fleetwood because of lack of cases in the Borough. Five of the midwives are approved District teachers.

The Department was visited by an Officer of the Central Midwives' Board in August. Training of students was discussed with a view to arranging a community health programme with less deliveries if insufficient cases are available to meet the students needs. In some cases the students are delivering booked early discharges in Glenroyd and nursing them later at home.

Some general practitioners appear interested in group attachments of midwives. With forty-four G/P obstetricians in the Borough and only seven midwives this does not appear practical. Each midwife would be attached to a group of Doctors (sometimes working all over the town where students would have to cycle) and also be relief for a further group. In many cases a patient in labour is attended by the nearest midwife on duty.

There is no clear picture as to what the future holds for the Domiciliary Midwife.

Care of Premature Infants. The number of domiciliary premature births during 1969 was four, three of which were over 4 lbs. 15 ozs. All these infants were nursed in their homes and made satisfactory progress under the care of the midwife and the medical practitioner. No special difficulties were encountered in the service.

Charted below are details of premature live and still births in the borough.

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
		Died				Died				Died			Born	
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
2 lb. 3 oz. or less	3	2	—	—	—	—	—	—	—	—	—	—	5	—
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	11	2	1	—	—	—	—	—	—	—	—	—	3	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	13	2	—	—	—	—	—	—	—	—	—	—	2	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	34	2	1	—	1	—	—	—	—	—	—	—	1	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	40	—	—	—	3	—	—	—	—	—	—	—	—	—
Total	101	8	2	—	4	—	—	—	—	—	—	—	11	—

SECTION 24 - HEALTH VISITING

1969 has been a year of improvement for the health visiting section.

Staffing Position

Any improvement depends upon staff, they do the work, they produce the quality and the quantity. The field staff are the first line of referral for the majority of people dealt with by a department.

This year we have had more staff than we had in 1968 and hence our improvement. Because of the better staffing position we decided to complete the change over to General Practitioner attachment for the whole section.

General Practitioner Attachment

At three group practice surgeries the health visitors are centred in the surgery. They attend the child health sessions and the ante-natal sessions. The health visitors at one group practice also do screening tests of hearing of young children.

The placing of health visitors in a surgery depends upon two main factors:

1. Room available in the surgery.

2. Clinics still undertaken by the Local Authority.

A health visitor placed in a surgery and doing a full range of duties there, plus school work, is unable to take part in Local Authority Clinics, nor is it easy for her to undertake set health education sessions in schools covering a number of weeks. But the Local Authority Clinics must be staffed, they are advertised to the public and must take place.

So when we decided to change to group attachment throughout the section, the staffing of Local Authority Clinics had to be taken into consideration, as well as the needs of the Doctors in Group Practice.

It has not, therefore, been possible to provide all Doctors who requested health visitors to attend surgery clinics, with the necessary staff. Consequently, since the August changeover to a complete attachment scheme, most of the health visitors have been restricted to visiting surgeries once a week, or once a fortnight. One or two maintain contact by telephone only. But all health visitors home visit the patients of the practice to whom they are attached and throughout the town.

Transport

To have a car is a vital necessity with this form of working and we are most fortunate in Blackpool as every health visitor may have a car allowance. It only remains for her to buy the car. We had three non-drivers when we started the scheme in August, since then one health visitor has succeeded in passing her driving test.

The time must surely come when the driving test will be included in the health visitor's examination.

Change in Work

The referrals from the general practitioners have gone up considerably since August, and notably in the over sixty-five year old group. The difference from the previous year is as follows:-

Cases referred - i.e., people **visited** for first time, that year, in Blackpool.

		1968	1969
	Persons aged 65 or over	848	1375
1.	No. visited at request of G.P. or Hospital (in line above)	453	640
2.	Persons discharged from Hospital (other than mental hospitals) ..	75	103
	No. visited at request of G.P. or Hospital (in line above)	70	103

Council for the Training of Health Visitors 4th Report, 1969

In this report the Council refers to the changing pattern of health visitors. In the section "The Health Visitor, Her Function and its Implications for Training", the report says :-

> "The visit to a family following the birth of a baby is probably still the most usual means of contact between public and health visitor, although the number of such visits quoted by the Department of Health and Social Security shows a steady decline in visits to children born during the calendar year, with an increasing number of visits to persons over 65 years and to the mentally disordered".

In 1969 our visits to young children did not decline, probably due to increased staff, but if the visits to the elderly increase at the present rate, then it will be inevitable that they will follow the national pattern.

The General Practitioners

During our change over it has been most gratifying to be so well received by the general practitioners. Although they have had an extremely busy winter during the influenza outbreak, many still had time to express appreciation of the work done by the attached health visitor. Health Visitors have been a much under-acknowledged group in the community services, due no doubt to the difficulty in describing the work undertaken and the fact that it is a long term results occupation, and not an immediate results occupation, as is Hospital or District Nursing. We have, therefore, appreciated very much the kind reception, understanding and praise expressed by the general practitioners.

Hospital Liaison

The Hospital liaison schemes continue satisfactorily as in previous years. It is interesting to note the observation in the "Report of the Working Party on Management Structure in the Local Authority Services", October, 1969, Chapter 10, para. 202.

> "With growing pressures on the Hospital Service and on Hospital manpower in particular and with the closer ties with general practioners, demands on the community services are bound to increase".

Conclusion

Attachment schemes and Hospital liaison bring health visitors in contact with groups of people not hitherto dealt with under the old order. The presenting medical condition of these people has revealed a social need sometimes short term, sometimes long term. Added to these new groups we are now meeting are the old, well-known groups of mothers and young children, plus the school population.

It is quite obvious that in the near future something will have to be curtailed, unless there is an increase in ancillary staff. Certainly further development of practitioner schemes cannot proceed given the same field to cover as at present. To train a health visitor takes many years, the overall number of entrants to the profession do not increase rapidly, so that obtaining more health visitors depends a lot on the supply, as well as the ability to attract new staff.

We hope for some guidance from the suggested re-organisations put forth in the various recent reports, to help us to meet as far as possible the health visiting needs of the town. This may result in a reduction in duties, or a plan to reduce duplication and overlapping by the various community services, or just more ancillary staff. However, when considering ancillary staff, professional acceptance has to be taken into consideration and this form of assistance cannot advance rapidly.

Let us hope, therefore, that the reports and impending decisions in relation to them do indeed throw some light upon the way in which our resources can be organised to meet the needs of the population.

Statistics. Below is shown the number of cases dealt with by Health Visitors during the year, with the 1968 figures shown for comparison purposes.

	Cases visited by Health Visitors	Number of Cases	
		1969	1968
1	Total number of cases	9,678	8,090
2	Children born in 1969	1,902	1,865
3	Children born in 1968	1,631	1,534
4	Children born in 1964-67	3,176	2,750
5	Total number of children in lines 2 - 4	6,709	6,149
6	Persons aged 65 or over	1,375	848
7	Number included in line 6 who were visited at the special request of G.P. or hospital	640	453
8	Mentally disordered persons	68	33
9	Number included in line 8 who were visited at the special request of a G.P. or hospital	39	15
10	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	103	75
11	Number included in line 10 who were visited at the special request of a G.P. or hospital	86	70
12	Number of tuberculosis households visited	5	6
13	Number of households visited on account of other infectious diseases	320	477
14	Other cases	1,098	502
15	Number of tuberculosis households visited by tuberculosis visitors	422	338

SECTION 25 - HOME NURSING

The year commenced with the resignation of Mr. Rennie, Deputy Superintendent of Home Nursing. Mr. Rennie left the Nursing field for other work and we were very sorry to lose him. In March, Miss Clegg, Senior Midwife was promoted to the combined post of Deputy Superintendent of Home Nursing and Midwifery. This meant that both services are covered at an administrative nursing level when the Superintendent is off duty.

The year also commenced with considerable sickness among the staff which continued until June, but was very heavy the first three months. On two occasions eight of the thirty-five staff were on sick leave, plus holidays and weekly off duty. This meant that only urgent cases could be visited when the staff was so depleted. Those on duty shouldered a heavy burden and are to be commended for their efforts, especially at week-ends and in covering the 6 - 10 p.m. service.

In April the establishment was increased by two to thirty-seven + 4 part-time bathing attendants. These posts were filled immediately. There have been a number of resignations for various reasons during the year, but these vacancies are quickly filled. There is usually a waiting list of applicants and advertising is rarely necessary. Many enquiries are received during the year regarding district nursing, but not all are suitable.

District Nursing Training. Mrs. Fenton and Mrs. Crawshaw completed training and were successful in obtaining the National Certificate of District Nursing. These are our first staff to obtain this certificate since the Queen's Institute of District Nursing discontinued training. Once again two members of the staff attended a post graduate course of one week.

Training of Student and Pupil Nurses. This has continued as in previous years.

Nurse Attachment to Victoria Hospital. On completion of the six months research period it was decided to continue the scheme for a complete year. More meetings were held, information obtained and we now await the completed report. Since this scheme more patients are discharged early from Hospital and their care taken over by the Nursing Sisters. Return visits to Hospital for treatment are reduced as this is now carried out at home.

Nurse Liaison at Victoria Hospital. At the completion of the attachment scheme and good contact with the Hospital having been established, a liaison scheme was commenced. A Nursing Sister visits the Hospital daily and sees patients who are needing care on discharge. This maintains a close contact between District Sister and Ward Sister. The scheme is similar to that of Lancashire County Council who have a District Sister full-time in the various Hospitals.

Group Attachment. Three groups of G/P's now have a District Sister attached to their surgery. The work increases considerably when there is daily contact. Several other groups have made a request for a district nurse. Some have been visited and it is planned to arrange this as soon as the staffing position allows. Relief for these staff is a problem until the larger groups can have sufficient staff to cover their needs. Travelling is increased as some Doctors have patients all over the town.

Hours of Duty. The working week was discussed at two staff meetings and the majority were in favour of alternate week-ends off duty. This was commenced in May and all staff now have 7 days off duty in every 28 days. This means that about one third of the staff (sometimes less) are on duty at the week-end.

Visits. The number of visits to patients during the year was 129,026, including 1,400 treated at the surgery by one group attached Nursing Sister. This is a very small increase compared with the steep rise in recent years. However, this was to be expected with the acute shortage of staff in the early months of the year which has been mentioned previously.

There are some instances where the Nursing staff are asked to visit during the week-end because other services are not operative. This makes extra demands on an already depleted staff, but without these visits many elderly people would be without a visitor at this time.

The following table shows the number of patients attended and the respective number of visits made.

	Analysis of Cases				Visits to all Cases			
	Under 5	5–65	Over 65	Total	Under 5	5-65	Over 65	Total
Tuberculosis ..	—	25	2	27	79	2,034	166	2,279
Surgical	26	917	629	1,572	209	13,768	17,318	31,295
Medical	5	852	2,685	3,542	58	21,291	73,581	94,930
Infectious Disease	—	—	—	—	—	—	—	—
Maternal Complications ..	—	6	—	6	—	52	—	52
Others	1	23	35	59	—	167	303	470
TOTAL ..	32	1,823	3,351	5,206	346	37,312	91,368	129,026

By comparison with 1968 the above figures show increases of 323 cases and 138 visits. An increase is also recorded in the number of patients requiring injections, the total number of patients being 472 more than in 1967. Surprisingly injections given totalled 48,679, a decrease of 53 from 1968.

Anti-Biotics	264	4,002
Diabetics	537	13,160
Other	7,995	31,517
	8,796	48,679

Visitors to the town continued to seek treatment and 918 visits were made to patients requiring the following services:-

Surgical Dressings	6
General Nursing	16
Enemas	4
Insulin Injections	36
Other Injections	113
	175

SECTION 26 - IMMUNISATION AND VACCINATION

Unfortunately, during 1969 the number of pre-school children receiving primary immunising procedures of all types has declined considerably, this applies to oral polio vaccine as well as to procedures involving injections. On the other hand the numbers receiving booster immunisation has increased.

It is difficult to judge the relative importance of various factors in assessing the reason for this decline, but several points are worthy of consideration.

1. All authorities are now operating the new Department of Health Schedule which first came into operation just over a year ago. This has delayed the starting time of primary immunisation courses and may have had an effect in depressing the figures temporarily.

2. All our Health Visiting staff are now working with family doctor practices, and in consequence the range of their duties has widened considerably. This leaves less time to campaign with mothers to have their children immunised.

3. Probably the most important factor is increasing complacency on the part of the public over the importance of immunisation. In Blackpool we have been fortunate enough to escape any outbreak of the dangerous infectious diseases, e.g., diphtheria, poliomyelitis for several years now, and doubtless the public are gradually becoming less aware that any appreciable danger exists.

I believe that in the absence of any outbreaks of major infectious disease, we are likely to be able to reverse the downward trend in the popularity of immunisations. We have now introduced an "umbrella" consent, which will ensure that parents are sent an appointment on all occasions when an immunisation procedure is due; this also obviates the need to obtain consent for booster doses. However, Health Visitors remain our most valuable personnel in regard to impressing on parents the value of prophylactic immunisation.

Smallpox vaccination

Persons aged under 16 years

Age at date of Vaccination	Under 1	1	2 to 4	5 to 15	Total
Number vaccinated	14	259	128	103	504
Number re-vaccinated	—	3	20	467	490

Table 1 - Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1 Quadruple DTPP ..	—	—	—	—	—	—	—
2 Triple DTP	74	455	37	5	9	—	580
3 Diphtheria/Pertussis ..	—	—	—	—	—	—	—
4 Diphtheria/Tetanus ..	1	3	3	—	99	3	109
5 Diphtheria	1	—	9	10	28	4	52
6 Pertussis	—	—	—	—	—	—	—
7 Tetanus..	—	2	—	1	10	119	132
8 Salk	—	—	—	—	—	—	—
9 Sabin	59	652	83	31	145	7	977
10 Measles	3	183	214	118	194	18	730
11 Lines 1+2+3+4+5 (Diphtheria) ..	76	458	49	15	136	7	741
12 Lines 1+2+3+6 (Whooping cough) ..	74	455	37	5	9	—	580
13 Lines 1+2+4+7 (Tetanus)	75	460	40	6	118	122	821
14 Lines 1+8+9 (Polio)	59	652	83	31	145	7	977

Table 2 - Reinforcing Doses - Number of persons under age 16.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1 Quadruple DTPP ..	—	—	—	—	—	—	—
2 Triple DTP	1	50	187	29	114	19	400
3 Diptheria/Pertussis ..	—	—	—	—	—	—	—
4 Diphtheria/Tetanus ..	—	2	7	10	1,881	68	1,968
5 Diphtheria	—	—	—	—	50	—	50
6 Pertussis	—	—	—	—	—	—	—
7 Tetanus..	—	—	—	—	8	1,000	1,008
8 Salk	—	—	—	—	—	—	—
9 Sabin	2	40	45	14	2,122	1,010	3,233
10 Measles	—	—	—	—	—	—	—
11 Lines 1+2+3+4+5 (Diphtheria) ..	1	52	194	39	2,045	87	2,418
12 Lines 1+2+3+6 (Whooping cough) ..	1	50	187	29	114	19	400
13 Lines 1+2+4+7 (Tetanus)	1	52	194	39	2,003	1,087	3,376
14 Lines 1+8+9 (Polio)	2	40	45	14	2,122	1,010	3,233

SECTION 27 - AMBULANCE SERVICE

The position with regard to staff and vehicles was as follows:-

Staff. There was no increase in establishment during the year, the staff employed being:

1 Ambulance Officer
1 Station Officer
4 Shift Leaders
44 Driver Attendants

The station officer acts in the capacity of liaison officer between the staffs of the Ambulance Service and the Hospital Management Committee, with the Hospital Authority paying a proportion of his salary. The Chairman and Members of the Health Committee had the pleasant task of thanking members of the Ambulance Staff for their excellent, life-saving work carried out in the course of their duties.

Vehicles

Ambulance:	Morris Diesel	7
	Austin Diesel	2
	B.M.C. Diesel	2
Dual-Purpose:	Commer Diesel	4
	B.M.C. Diesel	6
Sitting Car:	Austin Cambridge Estate	1

Oxygenaire Unit. 13 requests were made for this service during 1969, mainly requests in connection with transfer of patients from Glenroyd Maternity Hospital to Victoria Hospital.

"Flying Squad". 24 requests were made for this emergency service, many of these being in the Lancashire County area.

Statistics. The following charts summarise the cases moved and the mileage run during 1969. Figures for 1968 are given for comparison.

	1968		1969	
	Stretcher	Sitting	Stretcher	Sitting
OUT PATIENTS "IN"	670	22,098	2,081	23,812
OUT PATIENTS "OUT"	576	21,301	1,980	22,832
HOSPITAL ADMISSIONS	1,094	1,294	3,037	1,650
HOSPITAL DISCHARGES	1,217	5,114	1,947	5,183
HOSPITAL TRANSFERS	1,008	761	1,318	791
NURSING HOMES, CONVALESCENT HOMES	329	157	313	69
INFECTIOUS DISEASES	12	1,021	16	95
CHIROPODY	—	1,260	—	1,254
MIDWIVES	—	112	—	124
TRAINING CENTRES	—	27,663	—	29,440
EMERGENCIES	5,139	2,243	5,289	1,710
HOUSE TO HOUSE REMOVALS	88	66	92	40
ROOM TO ROOM REMOVALS	84	40	167	12
WARD TO WARD REMOVALS	85	52	114	1
TRAIN	4	41	14	38
MISCELLANEOUS	58	4,496	445	5,503
TOTAL PATIENTS CARRIED	10,364	87,719	16,823	92,554

Mileage

	1968	1969
Ambulance	179,640	211,295
Dual-Purpose	102,122	107,818
Cars	53,486	68,109
TOTAL	335,248	387,222

Staff Training. Four members of staff attended training courses organised by Lancashire County Council; 3 undertook the two weeks course and 1 the six weeks course.

SECTION 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Loan of Equipment. Items of nursing equipment are available on loan from the Department at a small charge. The number of loans during 1969 (604), surprisingly shows a decrease of 49 compared with 1968. This is somewhat unusual in view of the policy of domiciliary care in preference to hospitalisation where possible. One explanation may be that the loans were for a longer period than previously. Details of stock and loan of equipment are shown in the following table; the figures show actual loans made and do not include renewals. Enuretic machines are loaned only on the recommendation of the Medical Officers.

Loan of Equipment - 1969

	Stock	Quarter Ending March	Quarter Ending June	Quarter Ending September	Quarter Ending December	Total
Bed Pans	44	37	26	30	38	131
Bed Rests	39	21	22	25	31	99
Air Rings	16	10	8	9	11	38
Rubber Sheets	37	19	9	4	10	42
Invalid Chairs	29	7	21	15	5	48
Male Urinals	17	8	9	2	8	27
Female Urinals	14	—	1	1	1	3
Bed Cages	15	8	6	8	12	34
Commodes	34	11	16	20	17	64
Crutches	36½	2 prs.	3 prs.	2 prs.	1 pr.	8 prs.
Enuresis Alarms	16	16	15	21	12	64
Feeding Cups	4	—	1	1	2	4
Bed Boards	2	—	—	—	1	1
Overhead Lifting Chain, Beds and Mattresses	2	—	—	—	—	—
Pneumatic Toilet Seat Covers	3	—	—	—	—	—
S.V.6 Vaculysers	1	—	—	—	—	—
Walking Cradles	3	1	—	—	—	1
Pick-up Walking Aids	10	4	1	3	3	11
Three-Legged Walking Sticks	13	3	2	8	6	19
Bed Pads	12	5	2	—	2	9
Bath Seat	1	1	—	—	—	1
TOTALS	—	153	142	149	160	604

Laundry Service. This service has continued to be of great benefit to the chronic sick and where adequate washing and drying facilities are lacking. Cases are referred by the district nurses. Sheets are delivered and collected twice weekly, the soiled sheets being taken to Victoria Hospital to be laundered. The yearly figures are shown in the following table:

Year	No. of new cases	Cases continuing	Total cases	Sheets issued	Sheets Laundered
1965	43	8	51	4,780	4,310
1966	40	10	50	4,301	3,751
1967	42	10	52	5,222	4,535
1968	41	12	53	4,973	4,319
1969	31	6	37	4,146	3,695

TUBERCULOSIS

The Department employs one part-time health visitor on work concerned with the care and after-care of tubercular patients, and close liaison with the Chest Clinic of the Blackpool and Fylde Hospital Management Committee is maintained. The health visitor acts as a relief for the clinic nurse where possible during holiday periods.

Summarised below are figures showing visits made during the year in relation to tuberculosis work:-

Home Visits

Respiratory:	
First visits	52
Subsequent visits	594
Non-Respiratory:	
First visits	9
Subsequent visits	180
Contacts:	
First visits	357
Subsequent visits	274
Other Chest Conditions:	
First visits	4
Subsequent visits	12
Undiagnosed:	
First visits	—
Subsequent visits	—
Other visits	263

BACILLE CALMETTE GUERIN VACCINATION (B.C.G.)

Vaccination of Contacts

This work is carried out at the Chest Clinic, Victoria Hospital who during the year skin tested 175 contacts; 141 proved negative and 130 vaccinations were carried out.

Vaccination of School Children

Vaccination of older school children, 13/14 year age group, has continued and I give below the relevant figures:

No. offered B.C.G.	558
No. of consents	531
% of consents	95·2%
No. of Skin Tests	495
No. of positives	92
No. of negatives	366
No. vaccinated	366
No. of X-rays	8

In the case of children who are strong positives reactors, parents are advised that an x-ray of the chest is necessary, and this is carried out at the Chest Clinic.

MASS MINIATURE RADIOGRAPHY

The radiography unit visited the town on various dates from the 21st February to the 11th April and details of x-rays taken are shown below:-

	Males	Females	Total
Contacts	—	—	—
Industry	1,415	1,261	2,676
General Public . .	1,134	1,935	3,069
G.P. referrals . .	2	—	2
School children . .	44	23	67

More detailed information of those examined and the resultant diagnoses kindly supplied by Dr. J. I. Capper, Medical Director of the Unit, is contained in the following tables:-

Table 1 - Analysis of Persons Examined

Type of Examinee	MALES											FEMALES									Grand Total
	under 14	14	15–19	20–24	25–34	35–44	45–54	55–59	60–65	65 & Over	Total	15–19	20–24	25–34	35–44	45–54	55–59	60–64	65 & Over	Total	
G. P. Referrals ..							1	1			2										2
School Children			44								44	23								23	67
Contacts																					
Factories/Offices ..			80	160	213	260	282	230	180	10	1415	190	180	140	199	340	150	60	2	1261	2676
General Public Volunteers			75	92	180	215	180	115	67	210	1134	40	110	490	315	320	270	200	190	1935	3069
Totals ..			199	252	393	475	463	346	247	220	2595	253	290	630	514	660	420	260	192	3219	5814

Table 2 - Diagnosis

Abnormalities	MALES										FEMALES									Grand Total	
	15–19	20–24	25–34	35–44	45–54	55–59	60–64	65 & Over	Total	Rate per 1,000	20–24	25–34	35–44	45–54	55–59	60–64	65 & Over	Total	Rate per 1,000	Cases	Rate per 1,000
Tuberculosis requiring close clinic supervision or treatment					1				1	0·39										1	0·17
Tuberculosis requiring only occasional out-patient supervision ..											1				1			2	0·62	2	0·34
Malignant Neoplasms ..								2	2	0·77					1		1	2	0·62	4	0·69
Non-malignant Neoplasms													1					1		1	
Sarcoid (including enlarged Hilar Glands)		1							1											1	
Acquired Cardiac abnormalities and abnormalities of the Vascular System ..				1	5	2	2	1	11					1	7	4	1	13		24	
Congenital Cardiac abnormalities and abnormalities of the Vascular System ..																				2	
Pneumoconiosis without P.M.F.					1	1			2												

CERVICAL CYTOLOGY

Throughout 1969 three clinics weekly have been maintained.

Continuing efforts have been made throughout the year by all staff concerned to bring into the clinics those women in the highest risk groups.

Repeat smears of women who had their original smear three years previously began in the latter part of 1969 and so far the response to this has been quite good.

Of the 11 positive smears, 8 cone biopsies were carried out, three of which showed carcinoma-in-situ, three showed dysplasia only, one showed nothing abnormal and in one there was no epithelium from the biopsy owing to previous currettage. However, since then on this latter one a repeat smear has shown a Class II. Of the three other positive smears, on which biopsy of cervix was carried out, two showed squamous carcinoma and these have been treated by radium. The third showed carcinoma-in-situ and a hysterectomy was performed.

If one studies the statistics shown below it would be noted that almost half the positive smear cases occurred under the age of 40 and, in fact, three were in their 20's. It is therefore important that the service should be open, as it is in Blackpool, to all women of any age and not restricted to those over 35 years, otherwise positive smears may well be missed.

As in previous years we have had the fullest co-operation from the Pathology Department of Victoria Hospital and from the Consultant Gynaecologists and this, in no small way, has contributed to the smooth running of our Cytology service.

Statistics for 1969

Total number of smears taken	1,040
Number of repeat smears	28
Number of positive smears	11
% of positive smears	1·06
Ratio of positive smears	10·6 per 1,000

Breakdown of Positive Smears

Related to Social Class

I	II	III	IV	V	Social Grade
—	1	3	4	3	+ ve smear

Related to Age Distribution

20–29	30–39	40–49	50–59	60 +	Decade
3	2	3	3	—	+ ve smear

Related to Parity

0	1	2	3	4	5	6	Para.
2	3	4	2	—	—	—	+ ve smear

231 Cervical erosions with or without associated cervicitis
300 Complaining of vaginal discharge
37 Trichomonal infections
43 Cervical polypi
4 Prolapses
97 Other miscellaneous complaints
4 Monila infections
1 Yeasts

CHIROPODY SERVICE

The Chiropody Service continues to expand and by the end of the year there were 4,147 patients on the register. The continued increase in the number of new applicants and patients treated is no doubt a reflection of the need and success of the service, and the importance that medical practitioners, social workers and nursing staff place on their patients having this service where necessary.

The service is organised for persons of retirement age, expectant mothers and registered disabled persons; a charge of 2/6d. per treatment is made, and ambulance transport is available where necessary, although this facility is only available for two patients per session. A total of 37 sessions per week are now held and these average between six and seven patients per session, at six clinics throughout the town.

It has been found that the length of time between appointments is in some cases 16 weeks, and this is considered to be too long an interval. In an effort to reduce this period, therefore, it is hoped to increase the establishment from the present figure of 3·8 chiropodists to 5 in the coming financial year.

	1969	1968	1967	1966
1st visits (all clinics) ..	707	690	689	608
Revisits	8,455	6,998	6,162	5,697
Sessions Held	1,301	1,116	987	905
Home Visits	2,509	2,427	2,325	1,840

SECTION 29 - HOME HELP SERVICE

This report for the year just ended must of necessity refer to those details which have been so consistently apparent in recent years. These are to report an increased demand for help, greater pressures on both supervisors and staff alike, and the problems of recruitment.

Supporting this general statement are the welter of statistical facts, principal amongst which is the fact that the separate case load during the year amounted to 1,620 cases, compared with a figure of 1,451 the year before, and it may be interesting to note that during the last five years this figure has increased by some 62%. From this figure of 1,620 cases, no less than 1,050 households received continuous help during the whole year. The duties resulting were undertaken by a staff of 190 home helps, with much assistance from the overworked senior home helps. These four ladies during the year accomplished 8,255 visits to homes, a figure only 350 fewer than in 1968 and remarkable for the fact that this level was maintained in spite of a serious incidence of sickness which often reduced their number to three and occasionally to two.

The sickness problem was again very intense and eventually reached a peak during December when the start of the influenza "epidemic" imposed itself on an existing serious position. During that month over 1,000 service hours were lost at a time when medical and nursing resources were taxed to the limit. Staff resignations were a little improved, some 50 trained personnel finished during the year, which was somewhat better than a figure of 67 during the year before. Recruitment, however, especially of the standards we require, was still difficult and from those applicants whom we would have been willing to employ less than 50% actually took up posts. One of the contributory factors in this position is the Council's requirements for the receipt of payments in respect of any previous Local Government Superannuation Service, and the necessity to pass satisfactory medical and x-ray examinations. It is with regret that it is necessary to record the deaths of two of our staff during the year.

As always, the main categories of persons helped were those of the aged and chronically sick. This planning for the aged is still a difficult problem, and whilst all agree it is desirable for them as far as possible to remain in their own homes, there is little doubt that greater resources, both medically and domiciliary, will have to be made available if the exercise is to be successful. Whilst it is desirable for the public to make use of the service we provide, some of the responsibility for the success of the service lies within the appropriate family groups who, by giving direct help and augmenting our efforts, release resources which can be deployed to help those who live alone and without relatives.

The problems which arise following a patient's discharge from hospital are still most difficult to solve when the patient lives on his or her own and is most acute when there is a coincident state of age and chronic disability. Many of these patients have been in hospital for some considerable time and the home may have been empty and unattended in the meantime. Hospital discharges are by force of circumstance often at very short notice and are made without any proper investigation into the home conditions. On several occasions during the past year homes vacated (on hospitalisation) were left in a dirty and sometimes insanitary condition. On discharge these patients often require help other than that for basic household duties, and in many instances more frequent attendance is desirable for the first few weeks.

Existing staff levels in the home help service do not permit any stand-by staff to undertake extra duties and when hospital discharges have to be dealt with in an emergency it means that other recipients of the service are denied their normal share of the service or alternatively are left without help, the result is a longer waiting list for a longer period, which we all agree is not a satisfactory solution.

The table below shows the number of cases and hours involved:

Type of Case	Cases Attended	Hours Worked
Confinements at Home	6	117
Aged	1,469	189,544
Chronic Sick	79	9,831
Tuberculosis	3	172
Mentally Disordered	77	5,584
Others	2	211
	1,636	205,459

Cases and hours worked for previous years are as follows:-

	Cases	Hours Worked
1968	1,451	204,765
1967	1,270	193,894
1966	1,051	176,720
1965	997	168,724
1964	921	163,053
1963	896	152,120
1962	857	145,242

SECTION 51 - MENTAL HEALTH

The following tables give details of the work carried out by Mental Welfare Officers under the Mental Health Act, 1959:-

Admissions to Hospitals:

Section 5 (Admissions - informal)	274
Section 25 (Observation)	38
Section 26 (Treatment)	10
Section 29 (Emergency)	42
Section 60 (Court)	4
Discharges	584
Died in hospital	48
Visits by Mental Welfare Officers	6,810

New Cases referred to the department .. 543

Details as follows:

	Mentally Ill				Psycho-pathic		Subnormal				Severely Subnormal				TOTALS
	—16		16+		16+		—16		16+		—16		16+		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1 General Practitioner ..			90	141	1	1		1	2		1		2		240
2 Hospitals I/P			45	81											126
3 Hospitals O/P		1	29	78					2						110
4 Education Authorities ..															
5 Police or Courts			16	16					1						33
6 Others		1	7	16				1	6	1		1		1	34
TOTALS		2	187	333	1	1		2	11	1	1	1	2	1	543

GENERAL

The number of new cases referred to the Mental Health Service for care and after-care continues to increase and, over the last four years, the increase has been just over 35%. In addition to the new cases referred for care and after-care, there has been an increase in the Mental Welfare Officer's work load since the new Psychiatric out-patient department at Victoria Hospital became fully operative. This is a further indication of the continuing emphasis placed on community care for the mentally ill.

MENTAL HEALTH SOCIAL WORK

Although the standard of service provided by the Mental Welfare section is not considered to be ideal, the psychiatric out-patient department at Victoria Hospital helps the Mental Welfare Officers in their task of supporting clients in the community. With earlier psychiatric help more clients are able to remain in the community, and this makes more demands on the Mental Welfare Officer's service. Because of the increase in the work with the mentally ill, the service given to the mentally subnormal and their families does not reach a very high standard. There is regular contact with the trainees who attend the training centres and some problems are referred by training centre staff, but social difficulties in the home very rarely come to notice unless a crisis develops. This is not a satisfactory situation but with the present establishment of Mental Welfare Officers it is only possible to provide this "first-aid" service.

HOSTELS

The residential and day-care services provided by Belmont House and Rydal Lodge continue to have a very important function in the community. The demand for places in the hostels is maintained at a steady rate and, although the number of residential admissions is slightly less than previous years, there has been an increase in the numbers attending for day-care.

During the year 196 people were admitted to the hostels.

TRAINING

The social problems which arise in our affluent and sophisticated society are as complex as society itself. To deal with these problems effectively requires skills which can only be acquired and developed through the discipline of training. The professional training of social workers is now a well established policy in most local authorities and officers from the Mental Health Section are amongst those seconded for training.

During 1969 two officers successfully completed social work training courses. Miss Carolyn D. Barling, C.S.W., attended a two year course at the London North-West Polytechnic, and has been awarded the Certificate in Social Work. Mr. H. Yeoman, Senior Mental Welfare Officer, attended a one year post-graduate course at Liverpool University, and has been awarded the Diploma in Applied Social Studies (Psychiatric Social Work). Both officers are to be congratulated on their success.

One officer, Miss N. Robinson, has been seconded to the Manchester College of Commerce, where she is taking a two year course leading to the Certificate in Social Work.

WOODLANDS SCHOOL

The importance of stimulation of interest in order to foster response and awareness is one of the important aspects of teaching and training mentally handicapped children.

Stimulation comes in many forms and from many venues, and one of these has been the Girl Guide Company which was formed and finally formally registered with London Headquarters on the 10th October, 1966.

Since then, Fridays see a group of girls arriving at Woodlands in their smart Guides' Uniform, ready for the afternoon Guides' Camp.

These last years have been full of activities such as the "Good Turns".

Christmas, 1966	Party for Old Age Pensioners.
Christmas, 1967	Toys made and delivered to Local Hospital and visit to Children's Ward.
Christmas, 1968	Party for the children in our own Special Care Unit.
Christmas, 1969	Chopped and bundled firewood for Old Age Pensioners.

New experiences have enriched our girls' young lives such as the Guide Day Camp in the summer of 1968. Pitching tents, building and tending fires, barbecue cooking their own meals, cleaning and clearing the site, all were enjoyed to the full.

The certificate awarded for toy-making at the Golden Jubilee gathering in Stanley Park in 1968 hangs proudly in the School Guide corner.

Our girls are learning the joy of "doing" for others and have weeded gardens, planted bulbs, and baked Christmas cakes for old people in the School's neighbourhood.

Some of the outings are especially remembered, such as the Saturday spent at Waddow Hall, the Christmas party at St. Annes, the attendance at the camp fires with many other Guides, and the Children's Crusade at Fleetwood.

"The Birthday of Jesus", presented to the other children at Woodlands was the last of this year's events.

Enjoying outdoor activities, keeping fit, giving service to others, exploring, getting to know people, thinking for oneself, learning some basic homemaking are aims and is the law, of the Guide.

"Guiding" among the mentally handicapped has not been approved in the past, but these last few years have proved that this movement has enriched so many young lives, whilst the Guides have gained satisfaction through accepting and helping those less fortunate than themselves.

The school had a successful and stimulating year, with many activities, some of which are listed below :-

1969

25th April	P.C. Kay - Film on Road Safety.
8th May	Children were taken to see a film show at the Civil Defence Headquarters, Whitegate Drive, this being offered by P.G. Tips Limited.
14th May	Trip to Heysham Head. Very successful, weather cool, but fine, children, staff and parents enjoyed this day out.
12th June	Group of girls had a very enjoyable and interesting visit to the General Post Office.
17th June	Inter-school Sports Day. Rain prevented sports being held outside. The children and staff enjoyed an excellent tea offered by the Blackpool College of Technology and Art in the pavilion at the Royal Lancashire Show Ground. 275 children plus accompanying staff attended this event.
25th June	Group of boys and girls went to see the "Dolphin Show" which is a new attraction in Blackpool.
16th July	School Sports and Picnic for the children and parents. The Parent Teachers and Friends Association provided tea and biscuits to end this successful day of activities.
19th July to 21st July	Blackpool organised a trip to Taunton, Somerset, to compete in the Inter-county athletic events. 20 children and 7 adults travelled by coach to represent Lancashire. Lancashire gained 2nd place and was awarded a silver cup.

24th September — Visit to circus offered by the Blackpool Society for Mentally Handicapped Children.

1st October — Woodlands mini-bus took a group of children to Manchester Airport for a day out.

5th November — A bonfire and social evening was organised by the Parent Teachers and Friends Association - this was a great success.

10th December — The Christmas Concert was attended by many parents, and the children again gave a nice and moving performance.

17th December — The Annual Christmas Party. This was very successful and the children truly enjoyed the performance of the Ventriloquist - Mr. D. Ponte, who gave his services free of charge. Present were:- The Mayor and Mayoress of Blackpool. The Chairman of the Social Services Committee. Medical Officer of Health - Dr. D. W. Wauchob. Deputy Medical Officer of Health - Dr. E. J. Walsh, and other officials of the Health Department attended. Mr. W. F. Gardener was a very convincing Father Christmas, accompanied by his Fairy Queen.

Among the many visitors to Woodlands School:

Members of the Association for Special Schools came to Woodlands School, and Mrs. L. Pryer gave a talk and a tour of the School premises.

A number of Lecturers from the Harris College, Preston.

Mr. Garside - Lecturer at the Poulton Teachers' Training College.

Dr. P. Henderson - Principal Medical Officer to the Special Services.

Mr. Frost - Sheffield Adviser - Primary and Special Education.

Social Services Committee members.

Mr. Moncaster - Manchester Area Spastic Society Social Worker.

During the year students from:

The Harris College (Preston) course for T.M.H.C. (Training Council Dip.).

St. Anne's College of Further Education.

Elmslie Girls' Independent Grammar School.

The Poulton Teachers' Training College.

Blackpool Grammar School.

The Blackpool College of Technology and Art.

spent periods of observation and practical training at Woodlands School.

July, 1969 - Miss M. Ashley successfully completed the 1 year course at Harris College, Preston and gained the Diploma of the Training Council for Teachers of Mentally Handicapped Children.

LANGDALE ADULT TRAINING CENTRE

This year our intake of trainees has risen to our present number of 90. Over the year 10 trainees attending the Centre have left for various reasons. Two have been found work in open employment in Blackpool, and at the present time three of our young ladies are attending a local firm - working part-time for two afternoons a week. This is part of their training prior to seeking full-time employment for them.

Contract work continues to progress very well, with more contacts being made with various firms. This year a greater number of people seem to have become more aware of the Centre, as a number of firms have made enquiries regarding the facilities that we have available to do work of the nature that they require. Our income from contract work and saleable goods this year has doubled from last year and we hope that a further increase will be made in the coming year. However, I would like still to maintain a happy ratio between workshop practice and the other very important activities of the Centre, i.e., domestic, social and educational training, and incorporate more and more into our daily training programme.

Our social training has been very successful this year as twelve trainees who formerly travelled to and from the Centre by ambulance are now capable of using public transport, and do so with increasing confidence.

In the workshops a satisfying number of trainees have, by their improvement in behaviour, time-keeping and work standards, been up-graded from one payment level to the next, and these increases are not given lightly.

A Care of the Hair class for the young ladies of the Centre has been started, and staff of the Blackpool College of Technology hairdressing department have kindly volunteered to help in this. This group of young ladies, ranging from E.S.N. standard to severely subnormal, are taught firstly how to use the telephone to make an appointment, and then, with an instructor, they use public transport to visit the Technical College class in Lytham Road for their hair to be dressed. This has proved a very exciting day for those who participate, and the results in their personal morale are good to see.

We can see that at the end of two years operation, there is a definite advance towards social confidence in a pleasing number of our trainees.

PUBLIC HEALTH ACT, 1936 - REGISTRATION OF NURSING HOMES

There were no additional registrations of nursing homes within the meaning of the above act and the Nursing Homes Act, 1963, during 1969. Periodic inspection of all the registered homes were carried out by medical officers of the department; satisfactory reports being returned in all cases. A list of the nursing homes with the number of beds is shown below:

Name of Home and Address	Number of Beds	
	Maternity	Others
Northwood Nursing Home, 19 King Edward Avenue ..	—	20
Ascot Nursing Home, 13 Luton Road	—	14
Inglehurst Nursing Home, 129 Newton Drive ..	—	18
St. Teresa's Nursing Home, 188 Norbreck Road ..	—	12
Convent Nursing Home, 575 Lytham Road	—	82
Cleveland Nursing Home, 32 King George Avenue ..	—	17
New Victoria Nursing Home, 137 Hornby Road ..	—	29
TOTAL	—	192

Agencies for the Supply of Nurses. During 1969 there were no applications for registration under the Nurses Agencies Act, 1957, and the only agency so far registered under this Act cancelled their registration.

MEDICAL EXAMINATIONS

1,461 medical examinations on behalf of the local authority were carried out by the department's Medical Officers, and the details of results are as follow:-

	FIT				UNFIT				Final Decision Postponed
	Unconditional	Too old for Superannuation	For Part Time only	Temporary	To Resume or continue	For Employment	Permanent Ill-health	To Resume Normal Duties	
All Departments	1112	24	3	34	80	9	70	116	13
Airport	13			2	1			1	
Baths	11	2		1	3			1	
Blind									
Children's	11			1		1			
Cleansing	40	3		1	13		16	18	2
Education	339	4	2	4	13	3	15	27	2
Electrical Services	38			1	3	1	1	1	1
Fire	23	1			2			1	
Health	100	3	1	3	4	2	2	9	
Highways	39	1		2	7		7	14	3
Libraries	18							2	
Magistrates	1								
Parks	12	5		6	4		4	5	1
Police	3	1			16				
Publicity	5								
Surveyors	12								
Transport	332			6	13	2	24	36	3
Treasury	29			4	1				
Town Clerk	26			1			1		
Weights & Measures	2							1	
Welfare	58	4		2					1

This chart shows the state of fitness of all people examined according to department

WELFARE SERVICES - NATIONAL ASSISTANCE ACT, 1948

Section 47

No cases were brought to the attention of the Department in 1969 as requiring action under this Section.

Physically Handicapped (General Classes)

The Director of Welfare Services informs me that as at 31st December, 1969, the number of registered handicapped persons was:-

Male	Female	Total
253	252	505

Registered Blind and Partially Sighted Persons

The number of blind and partially sighted persons on the register as at 31st December, 1969, were:-

	Male	Female	Total
Blind Persons ..	158	266	424
Partially Sighted ..	75	165	240

The figures for the deaf were as follows:-

Male	Female	Total
54	65	119

CREMATIONS

The Medical Officer of Health, Deputy and one Assistant Medical Officer are authorised under the Cremation Act to issue certificates giving permission to cremate. Applications to cremate at the Blackpool Crematorium numbered 2,120; of these 1,298 were in respect of Blackpool residents.

There was a decrease of 4 as compared with last year with an increase of 7 so far as Blackpool residents were concerned.

The table below shows the trend of applications for cremation over the past six years:-

	1969	1968	1967	1966	1965	1964
All applicants	2,120	2,124	1,978	1,898	1,898	1,874
Blackpool residents ..	1,298	1,291	1,208	1,159	1,179	1,194

The number of burials show a decrease of 115 on 1968.

1969	629
1968	744
1967	711
1966	765
1965	798
1964	795

HEALTH EDUCATION

The health education programme has been considerably assisted this year by the appointment of a second group adviser, who has had many years experience in health education. This has made it possible for us to adequately plan a programme for returning health visitor students during the last few weeks of training and on first qualifying. Newly qualified staff need support when beginning group teaching and it is most satisfactory to find this available.

The schools which have had health education from us have continued to do so, i.e., St. Catherine's, Tyldesley, St. George's and the Collegiate Grammar School, had their short intensive course. Various single talks have been given at other schools on request by teachers, and a health visitor has joined in the group work undertaken by Miss Dugdale, Social Work Teacher. Park Special School has also had a programme planned to meet the needs of the senior girls.

Numerous girls in groups of 2 to 10 have visited the Health Centre for teaching material and a number of college students have written for information on health education subjects.

The Health Centre Stork Club continues and we have opened another Stork Club at Bispham Clinic, in co-operation with the midwives and physiotherapists.

We have had a tape recorder added to our health education material and find this most useful. Not only can it be used for health education, but it can be used when we borrow the numerous excellent tapes produced by the College of Practitioners for study by the staff.

Health Education group teaching is popular in Blackpool, the public accept health teaching and are receptive to the health content in the talks given by health visitors.

STUDENTS' ADVISORY HEALTH SERVICE

Throughout 1969 the service continued at one session per week, but the Medical Officer was available for any emergencies which arose, and on six occasions the Welfare Officer used this emergency service.

During the calendar year a total of 86 consultations were given, the majority being during the Autumn and Spring terms.

As had been found during the previous two years psychological problems predominated and four students were referred to the Psychiatrist with the approval of their family practitioner.

The Advisory Health Service, as presently constituted, will continue until the summer of 1970, but from the beginning of the Autumn Term new arrangements for a more extensive service, which will be run by General Practitioners is being considered in detail at the time of writing.

HOME SAFETY COMMITTEE

The Blackpool Home Safety Committee, under the Chairmanship of Councillor Mrs. M. Samuels, had a most active year in its attempts to make the public aware of the dangers that exist in their homes.

Talks and film shows have proved to be very popular with organisations such as Old Age Pensioners' Clubs, Mothers' Unions, Scout and Guide Companies, and this particular aspect has increased enormously. It has been found possible also to run competitions for the scouts and guides following the talks, and standards achieved have been most encouraging. For the first time the Committee were also able to talk to school children, emphasising the importance of the subject.

The Committee had for some time been anxious to hold a Campaign to include the collection of surplus medicines, tablets and drugs which are an undoubted source of danger in the home, especially to young children. With the co-operation of the local branch of the Pharmaceutical Society it was possible to hold such a campaign during February, when members of the public were encouraged to return surplus medicines to their chemists. The collection resulted in the disposal of what was estimated to be between 150,000 and 200,000 tablets and pills of all varieties, including some which would certainly have been lethal in the wrong hands. One particular encouraging fact is that since the campaign many more people in the area are now returning surplus medicines regularly for destruction.

Displays of home safety materials at ante-natal clinics and the new geriatric clinic have helped to educate the public, with special emphasis on the over-sixty-five age group and to the mothers of young children. Regular publicity was secured by means of a weekly paragraph in the local paper, in conjunction with the St. John Ambulance Brigade column.

Once again lack of financial resources hampered the work of the Committee, but the Committee hope in the near future to purchase sufficient display apparatus to enable it to partake in many more exhibitions in the town.

FIRST AID SERVICES

The First Aid Service is provided from a Caravan on the Central Promenade during the summer months and was open from late May, until the end of the Illuminations. At the height of the season the post was open ten hours a day, seven days a week. During the summer 2,900 cases were treated and the breakdown is as follows:-

Cuts and grazes	1,157
Bruises and sprains	206
Foreign bodies in eyes	238
Sunburn	16
Stings and insect bites	149
Fractures	45
Redressings	260
Burns and Scalds	72
Other	757
Total	2,900

PUBLIC HEALTH ACT, 1936
PUBLIC HEALTH LONDON ACT, 1936

Public Swimming Baths

The Baths Superintendent has kindly furnished the following information:-

The Open Air Bath. Built 1923, maximum length 376 ft., maximum width 172 ft.; championship area 333 ft. × 75 ft.; capacity 1,600,000 galls; spectators accommodation 5,000; source of water supply - pumped from the sea through the 900 ft. × 8 in. intake pipeline, in an effort to obtain selective water, into a 500,000 galls. settling tank. The water is allowed to settle for a pre-determined period of a minimum of 8 hours and is treated with a regulated dosage of chlorine, it is then filtered through four gravity-fed filters at a turn-over rate of approximately eight hours.

Derby Bath. Main Pool 165 ft. × 55 ft.; capacity 485,000 galls.; spectators accommodation 2,000; learners' pool 33 ft. × 33 ft.; capacity 17,000 galls.; source of water supply - pumped from the sea into two settling tanks 120,000 galls. capacity, prior to filtration; turn-over rate - main pool approximatelv three hours, learners' pool approximately two hours.

Remedial Section. The Remedial Section of the Derby Baths, work on which was suspended due to the outbreak of hostilities in 1939, now stands completed in a modified form. In the light of the changed circumstances of needs, ideas of planning, the availability of specialised equipment and improved techniques in building, considerable alterations to the original conception were made in consultation with the Baths General Manager and the Baths Committee to make this establishment unique in the range of facilities provided. There is space within the new section for future development if demand justifies.

The Ground floor comprising some 5,680 square feet of floor area provides the Warley Road Entrance with ticket office, telephones and lift and stairs up to the Gymnasium on the second floor.

Dressing Room. From the Entrance the patron enters the Cooling and Dressing Room area which provides 27 cubicles with reclining couches and wardrobes, where attendants will furnish hot towels, etc., appropriate to the treatment to be undertaken. This portion also includes some lounge area, facilities for refreshments, and toilet accommodation. From here, the patron will go to the treatment desired and return for rest, cooling and refreshment.

Facilities provided and administered by competent staff includes: Three authentic timber Sauna Baths of Finnish make, each of which will accommodate ten to fifteen persons a session.

Five marble shampoo and massage slabs with associated basins, scotch and vichy douches, provided with hot or cold, fresh or sea water. Two stainless steel Aeratone vessels, one of which is provided with hoisting and lowering gear for aiding disabled patrons. Two vapour rooms. Suite of three Turkish Rooms each progressively warmer. Three Bathrooms for hot, fresh and sea water baths, Luma pine and hydropathic treatment.

Provision is made in the cooling area for various electrical and infra-red treatments to be undertaken. In association with the foregoing there are ancillary showers, needle sprays and a small pool for total immersion. The central core of the ground floor area is given over to staff rooms, toilets and storage.

GYMNASIUM. The Gymnasium (2,668 sq. ft.) providing facilities for approximately 32 patrons at one time, comprises a fully furnished hall 60 ft. long by 30 ft, wide, and ancillary Instructor's Room, Kit Store, Changing Accommodation. Showers and Toilets. Equipment is provided for Basket Ball, Indoor Football, Netball, Boxing and Badminton; the enthusiast will also find a Trapeze, a Trampoline, a Punch Ball, a Cycle Exerciser, a "Readson" Stimulator, and the usual facilities, for vaulting, climbing, swinging and other gymnastic activities.

DECOR. The interior finishes on the ground floor include heated and illuminated ceilings, washable plastic fabric, timber or ceramic mosaics or tiles to walls, and resilient P.V.C. carpet, ceramic mosaics or tile floors. The Gymnasium end wall is tiled and the floor consists of maple strip. The exterior of the building is clad in a protected metal sheathing which replaced the original faience. The Engineering Services to serve the above installations comprise: A new boiler plant consisting of four Thompson Multi Pack type boilers, fitted with Hamworthy Rotary Cup Burners, has been installed, using 35 sec. Fuel Oil. The number two boiler house in the Remedial Section has now been converted for oil fuel storage, with associated calorifiers for heating circuits, for fresh and salt water lines and tanks at roof level for storage and head.

There are diving boards in the two above establishments of international standard type up to 10 metres.

Cocker Street Bath. 81 ft. × 24 ft.; capacity 60,000 galls.; source of water supply - from the Sea-Water Works, through our filtration plant; turn-over rate approximately five hours.

Lido Pool. 100 ft. × 40 ft.; capacity 135,000 galls.; source of water supply - town-main supply (fresh water); turnover rate approximately 4½ hours.

Before entering the filters, in all the above estalishments, the water is chemically treated with alumina and soda by means of open-type coagulation plants. The chlorine gas process admits of easy and accurate adjustments to meet the varying needs of the swimming pool, and we maintain the "Free Chlorine Content" to comply with the Ministry's standards for marginal chlorination 0·2 p.p.m. to 0·5 p.p.m. to ensure accurate control.

A special feature of the swimming bath water circulation system at the Derby Bath is the multiple inlets and outlets water withdrawal and distributing arrangement, which ensures pure water over the whole area of the bath.

WATER SUPPLY

The Authority responsible for the water supply in Blackpool is the Fylde Water Board, and the Engineer of the Board has been good enough to furnish the following information:-

Water supplied to Blackpool is collected at two sources: (a) from watersheds at Barnacre, and (b) at Stocks on the River Hodder, and is satisfactory in both quantity and quality. At both these head works, upland surface water is collected and stored in reservoirs. The watershed at Barnacre is free from human habitation and at Stocks the Fylde Water Board owns the watershed and controls all operations on it.

During the summer months the water from Barnacre was augmented by water pumped from a new borehole at Garstang, and the water from Stocks augmented by borehole water from Broughton. This water is excellent in quality but is somewhat harder than the upland water and the effect of this is shown in the chemical analyses set out later in this report.

Bacteriological examinations have been made throughout the year of both the raw water and treated water, and the results are as below:-

Source of Sample	Number Examined	Ave. No. of Coliforms Organisms/ 100 mls.	Average No. of colonies growing in Yeastral Year	
			in 2 days @ 37°C.	in 3 days @ 22°C.
RAW WATER				
Hodder	25	122	8	62
Barnacre	25	25	4	24
TREATED WATER			No. free from Coliform Organisms	
Hodder				
Marton, Head Office .. Warbreck Reservoir ..	78	78	1	5
Barnacre				
Warbreck Tower, 108 Cornwall Avenue ..	52	52	1	2

The raw waters are liable to plumbosolvency, and in consequence they are treated with lime after coagulation and pressure filtration to a pH value which gives a positive Langelier index of corrosion. No lead has been found in samples examined.

No action has been necessary throughout the year, as no contamination has been encountered.

The level of fluoride in water supplied to the town is very flow, i.e. less than 0·05 p.p.m. as F, and this is well below the optimum figure for the prevention of dental caries.

Fluoridation of Water Supplies

The present position concerning fluoridation of water supply is that the County Borough of Blackpool has intimated that they are in favour of the addition of fluorides but as this is supplied by the Fylde Water Board it is necessary for all local authorities receiving water from them to agree also. The Lancashire County Council and the Blackburn County Borough Council are still considering the matter, whilst the West Riding County Council have formally requested the addition of fluorides. Until all these local authorities agree to the fluoridation of their water supply the fluoridation of the Blackpool water supply is not yet possible.

FYLDE WATER BOARD

CHEMICAL ANALYSES FOR BLACKPOOL, 1969

Appearance	Raw Water Stocks	Raw Water Barnacre	Warbreck Reservoir		Marton		Head Office		Warbreck Tower & Cornwall Avenue	
			Winter	Summer	Winter	Summer	Winter	Summer	Winter	Summer
	Yellow Coloured	Yellow Coloured	Clear and Bright	Clear and Bright	Clear and Bright	Clear and Bright	Clear and Bright	Clear and Bright	Clear and Bright	Clear and Bright
Colour (Hazen p.p.m.Pt.)	52	30	7	4	5	6	7	4	5	4
Turbidity (p.p.m. Silica)	11·0	4·6	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Odour	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Taste	—	—	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
Reaction pH Value	7·0	6·4	7·6	8·2	7·8	8·2	7·8	8·4	7·8	7·6
Conductivity										
Residual Chlorine	—	—	0·10	0·10	0·05	0·05	0·05	0·05	0·10	0·10
Free and Saline Ammonia as N_2	0·06	0·05	0·04	0·06	0·08	0·04	0·12	0·06	0·08	0·05
Albuminoid Ammonia as N_2	0·16	0·09	0·06	0·03	0·05	0·05	0·08	0·03	0·05	0·02
Nitrous Nitrogen as N_2	—	—	—	—	—	—	—	—	—	—
Nitric Nitrogen as N_2	0·51	0·46	0·32	0·14	0·54	0·54	0·30	0·14	0·54	0·43
Oxygen absorbed 4 hrs. @ 27°C.	2·61	1·85	0·45	0·15	0·45	0·42	0·30	0·15	0·45	0·27
Free Acidity as CO_2	—	—	—	—	—	—	—	—	—	—
Carbonate Hardness as $CaCO_3$	27	11	28	98	10	28	22	91	10	89
Total Hardness as $CaCO_3$	40	22	44	130	30	52	46	124	30	106
Non-Carbonate Hardness as $CaCO_3$	13	11	16	32	20	24	24	33	20	17
Excess Alkalinity as Na_2CO_3	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Calcium as $CaCO_3$	33	14	36	68	21	35	40	71	21	88
Magnesium as $CaCO_3$	7	8	8	62	9	17	6	53	9	18
Total Solids Dried at 180°C	80	63	89	222	70	104	90	203	70	168
Chloride as Cl	12	14	14	24	11	13	10	22	11	22
Sulphate as SO_4	20	16	24	46	24	28	25	44	24	23
Lead as Pb	—	—	Less than 0·05		Less than 0·05		Less than 0·05		Less than 0·05	
Manganese as Mn	0·26	0·03	0·02	0·07	0·02	0·02	Negligible	0·07	0·02	0·05
Copper as Cu	—	—	—	—	—	—	—	—	—	—
Iron as Fe	0·70	0·17	0·05	0·04	0·03	0·06	0·07	0·04	0·03	0·05
Aluminium as Al	0·11	0·17	0·10	0·04	0·05	0·04	0·10	0·04	0·05	0·04
Fluoride as F	—	—	Less than 0·10		Less than 0·10		Less than 0·10		Less than 0·10	

SEWERAGE OF THE BOROUGH

The abolition of cesspools and pail-closets has continued during the year, and the Director of Public Cleansing reports that 68 pail-closets and 28 cesspools were regularly emptied by his department.

The Borough Surveyor has kindly given the following details on the present and future drainage work:

(a) **Works of Sewerage and Sewage Disposal carried out in 1969**

(1) Completion of the Central Drive Trunk Sewer Scheme involving the construction of approximately 3½ miles 4′ 6″ to 8′ 6″ diameter sewer in tunnel.

(2) Provision of small diameter sewers in connection with housing development.

(3) Commencement of provision of screenings tank at Manchester Square Pumping Station.

(b) **Works of Sewerage and Sewage Disposal for 1970**

(1) Completion of (3) above.

(2) Provision of small diameter sewers for housing development.

(3) Modification of pumps at Anchorsholme Pumping Station to provide increased pumping capacity.

(4) Provision of flood relief sewers in Park Road (Hornby Road to Reads Avenue) and Warley Road (Chelsea Avenue to Warbreck Hill Road).

(5) Provision of sewer in Dockypool Lane.

(c) **Proposed Future Works**

(1) Construction of new trunk sewer in Lytham Road Area.

(2) Small flood relief schemes.

(3) Provision of sewers in conjunction with housing development.

(4) Provision of new plant for pumping and screening stations.

The schemes in hand and proposed will provide reasonably adequate facilities for sewerage and sewage disposal. Discussions are taking place with adjoining authorities on joint drainage arrangements.

REFUSE, ETC. COLLECTION - 1969

This work is carried out by the Cleansing Department of the Corporation.

I am informed by the Director of Public Cleansing that the tonnage of refuse has again fallen. This has been noticeable during recent years but the volume of refuse dealt with continues to increase.

There was a slight reduction in the amount of refuse received at the Refuse Disposal Works due to the ashbinmen withdrawing their labour for a short period. The accumulation had to be disposed of at the controlled tip after the strike was settled.

The tonnage of clay, soil, rubble, etc., received at the tip was 43,966.

The amount of refuse dealt with at the Refuse Disposal Works was 15,353 tons, whilst 43,119 tons including refuse brought by private traders were tipped away, and about 900 tons of night soil were removed.

Approximately 40 tons of sewage were removed from sumps, etc. at the Royal Lancashire Agricultural Showground.

ENVIRONMENTAL HEALTH SERVICES

Mr. J. Pickard, Chief Public Health Inspector, has submitted the following report:-

The Chairman and Members of the Social Services Committee.

Ladies and Gentlemen,

I have pleasure in submitting my report on the work of the Public Health Inspectors' section of the Health Department, for the year 1969.

It is acknowledged that a high standard of environmental hygiene is of vital importance to the community and this important task rests with the public health inspectors employed by this Authority. It is essential, therefore, that an adequate staff of inspectors be recruited and maintained, and it is pleasing to report that during the year full establishment was achieved. This is as a result of the wise policy of this Authority who some years ago resolved to train the maximum number of pupils permitted who, after qualifying, were appointed to vacancies which otherwise would not have been filled from outside sources.

Unfortunately, important financial and other benefits are being offered by a great many Local Authorities in the country, and it is doubtful whether we shall be able to retain the services of our recently qualified staff after they have completed their two years' compulsory service with this Authority.

It has been the policy, so far as is possible, to cover all aspects of the work of the department in the fields of housing, food hygiene, meat inspection, offices and shops, factories, noise and air pollution control, drainage and various other categories, but greater emphasis during the year has been in regard to completing the surveys of the premises coming under the jurisdiction of the Offices, Shops and Railway Premises Act, 1963, houses in multiple occupation, both holiday and permanent, house improvement areas and complaints of noise nuisance which have been on the increase.

It has been found that day to day complaints from householders in respect of nuisances of all kinds takes up the majority of the staff's time which means that the surveys which I have previously mentioned are not completed as quickly as one would wish, but in spite of many difficulties I feel that a good service is given to the community. At the same time much more could be done if more staff were available.

Towards the end of the year only a small number of occupants of houses in the Larkhill Street Clearance Area remained to be re-housed by the Local Authority and the majority of the properties had been demolished leaving open spaces which were usefully allocated as temporary car parks.

I am indebted to the Medical Officer of Health and other Chief Officers for their excellent co-operation during the year and to the members of my staff for their loyalty and assistance in this very important work.

JOHN PICKARD,
Chief Public Health Inspector.

HOUSING

Repairs

The Public Health Acts 1936-1961 continue to provide useful powers to require the rectifying of matters which can be classed as being prejudicial to health or a nuisance, and most of the items of disrepair brought to the department's attention have been dealt with by the use of these powers. An important amendment to the repair provisions contained in the Housing Act, 1957, was introduced during the year, however, whereby those more extensive powers may now be used to secure the repair of any house which requires substantial repairs and not merely an unfit house as hitherto.

No. of houses in which disrepair was found	182
No of houses requiring the remedying of defects:-	
Oral Notices	24
Informal written notices	71
Statutory notices	64
No. of houses in which defects were remedied:-	
After informal action	104
After the service of statutory notices	53

Improvement

The Government White Paper "Old Houses into New Homes" stressed that rather than allow the nation's stock of old but structurally sound houses to deteriorate to the point of unfitness (involving a resultant costly clearance and rebuilding programme) strenuous efforts should be made to rescue and renew these areas of potential twilight housing.

The proposals outlined were embodied in the Housing Act, 1969, which came into effect on the 25th August, 1969. In addition to increasing the amount of grants payable towards the improvement of houses and removing certain conditions attached thereto, part 2 of the Act makes provisions for the declaration of General Improvement areas. In these areas owners will receive active encouragement to improve their properties and in order to raise the standard of the area as a whole, the local authority will also be able to spend the equivalent of £100 per house on the improvement of the environment.

Data has already been obtained in surveys of areas bounded by King Street, Talbot Road, Devonshire Road and Church Street and by Central Drive, Ashton Road, Clinton Avenue and Ribble Road comprising a total of 2,300 houses, and it is estimated that at least 10 additional areas containing approximately 1,400 houses will be suitable for improvement action. Co-operation at all levels will be necessary if a successful result is to be obtained from improvement action - liaison between local authority and owners, and teamwork amongst the local authority disciplines involved. Although by the end of the year no general improvement area had been declared, preliminary discussions had taken place at officer level, and it is hoped that productive results will begin to emerge during 1970.

The 1969 Act removed all general powers of compulsion with regard to improvement areas (except the powers of compulsory purchase) which it is envisaged will be utilised only in special circumstances. The provision of standard amenities, e.g. a bath, internal w.c., wash basin, sink, hot and cold water supply can, however, be required in a tenanted house situated within or outside such an area provided that the tenant initiates the action by making representations to the local authority.

It would appear that these powers which were introduced by the Housing Act, 1964 are not generally known. During 1969 the department received no application to institute this form of action.

Clearance

No new clearance areas were declared during 1969 and the re-housing of families in the area subject to the Blackpool (Larkhill Street) Compulsory Purchase Order 1967 continued throughout the year. At the end of the year 4 houses remained occupied.

One area of decaying 19th Century properties, comprising 105 premises situated in Ibbison Street, Leagate, West View, East View and Brown Street, is earmarked for early action and it is anticipated that these houses will be cleared during the five years ending in 1975. Several small areas of houses of a similar age, which are at present classed as not having a life of 15 years, will require consideration at a later date.

It is satisfying to record that each owner-occupier of a property involved in future clearance procedure will, provided that he has been in occupation for at least 2 years, qualify for the enhanced compensation payments introduced by the Housing Act, 1969.

Individual unfit houses, i.e. those found to be incapable of being made fit for habitation at reasonable expense continue to receive consideration as necessary.

No of unfit houses demolished in clearance areas ..	80
No. of unfit houses demolished outside clearance areas	—
No. of unfit houses closed	2

Multiple Occupation

Legislation covering houses which are occupied by persons who do not form a single household is contained in no less than four separate Housing Acts, the latest amendments being introduced by the 1969 Act. This provided a new definition of the term "house in multiple occupation", introduced discretionary improvement grants for the provision of amenities to be shared by two or more occupiers, and strengthened the powers to deal with unsatisfactory premises and to control multiple occupation.

The local authority has not found it necessary to introduce any registration scheme, nor have any houses been found to be so neglected as to warrant the imposition of management or control orders. Section 15 of the Housing Act, 1961, therefore, continues to be the basis of the department's enforcement action and in order to give guidance to persons having control of multi-occupied houses, the local authority has prescribed certain minimum standards with which compliance is required. A detailed schedule of works is sent following each completed inspection and in many cases there has been compliance without the need for formal action.

Where the pattern of occupation does not permit the execution of the necessary works without reducing the number of lettings, and where it is obvious such reduction will not be affected voluntarily, directions have been imposed under Section 19 of the 1961 Act. This formal action has the effect of prohibiting the re-letting of accommodation until a reduction to a specified number of individuals or households has been achieved; the direction may, however, be varied as and when appropriate improvements are made to the property.

Legal proceedings were instituted against the person having control of a house subject to an operative direction in respect of a failure to comply with its provisions. The defendant pleaded extenuating circumstances and was fined £5.

The trend of the conversion of guest houses to holiday flats steadily continues and control of these premises as houses in multiple occupation is exercised. Compliance with the code of requirements, which varies slightly from that applicable to permanently occupied premises, has been adopted by the Council as a condition for membership of its holiday accommodation registration scheme, and also by the Blackpool Holiday Flatlets Association.

Town Planning consent is necessary for the conversion of any dwelling to multiple occupation, including the change of use from guest house to holiday flats. Before consent is given all plans are submitted to this department and to the Fire department for comment, thus ensuring that all new conversions are of a satisfactory standard. When premises are located which have not received any appropriate planning permission and which have no "existing use" rights details are forwarded to the Borough Surveyor for enforcement action.

82 complaints were received during the year from holiday makers in respect of accommodation in hotels, guest houses and holiday flats. In each case a full investigation was made by the District Public Health Inspector and a report forwarded to the Director of Attractions and Publicity. If a complaint is made promptly, the matter can normally be resolved satisfactorily; most of the complaints, however, were received after the visitors had returned home and a thorough appraisal of the circumstances then proved to be most difficult.

No. of houses known to be in multiple occupation (including holiday flats)	1,250
No. of common lodging houses	Nil
No. of initial inspections made during 1969	440
No. of informal notices served	330
No. of directions made on overcrowding	4
No. of directions varied	1

Rents

Applications for Certificates of Disrepair under the Rent Act, 1968, have now dwindled to an almost insignificant level. The issue of such certificates entitles a tenant occupying a house on a controlled tenancy basis to a reduction in rent until such time as the defects specified have been remedied.

No. of applications received from tenants	5
No. of undertakings given by the owner	2
No. of certificates of disrepair issued	4
No. of certificates of disrepair cancelled	Nil

A new link between the rent and the conditions of the house was forged by the Housing Act, 1969. A landlord of a property which is tenanted on a controlled basis may now apply to have the tenancy converted to a regulated tenancy and thereby have a new "fair rent" assessed by the Rent Officer. The first step, however, is to obtain a Qualification Certificate from the local authority, and since it was anticipated that many applications (for provisional certificates) would be associated with grant applications, the power to issue all Qualification Certificates has been delegated, in this authority, to the Borough Surveyor. Before any application is

granted, however, the District Public Health Inspector reports on the provision of amenities, items of disrepair (if any) and the fitness of the house for habitation; by the end of the year 14 inspections had been made for this purpose. The Borough Surveyor has informed me that 20 applications for Qualification Certificates had been received and were under consideration, and 6 applications for provisional certificates had been granted.

Municipal Tenancies

When applications for re-housing on medical grounds are received a detailed report on the applicant's existing accommodation is made by the District Public Health Inspector for the information of the Medical Officer of Health, and during the year under review 399 inspections were made for this purpose. Where necessary, appropriate action was taken under the Public Health or Housing Acts to deal with any unsatisfactory conditions found during the inspections.

In addition, 18 inspections of council owned properties were made on behalf of the housing section of the Borough Treasurer's department in connection with alleged overcrowding and other public health matters.

FOOD HYGIENE AND CONTROL

Within the County Borough there are 5,533 premises which are subject to statutory control under food hygiene regulations. Many of these, of course, form part of or are directly linked with the town's tourist industry and vary from very large food factories, hotels and restaurants to small guest houses, snack bars and food stalls. The regular inspection of these, together with the inspection and sampling of foodstuffs presents the department with a vast amount of work in this important field of consumer protection.

Following the introduction of the Food Hygiene (General) Regulations all the premises which were in use at that time were brought up to a satisfactory standard with regard to structure and equipment; constant vigilance by the Public Health Inspectorate is necessary, however, to ensure that a high standard of hygiene is maintained. Particular attention has been paid to the need for strict personal hygiene and stress has been laid on the fact that even in premises designed and equipped to a very high standard, serious risks can arise as a result of the thoughtless action of an employee. Several instances of smoking by persons engaged in the handling of food were observed during the year, and this practice appears to be particularly prevalent in licensed premises, where the habit apparently causes less public concern than in other food businesses. In each case warnings have been issued that legal proceedings will be instituted if the practice continues. Concern was expressed by a member of the public, however, when he was offered dirty cutlery in a restaurant; as a result of the department's investigation the company controlling the premises was fined £34 in respect of two contraventions of Regulation 6.

Various opinions have been expressed nationally on the desirability or otherwise of the registration or licensing of food businesses. Although registration in itself is unlikely to produce any advantages in food hygiene administration, I consider that the "prior approval" of food businesses would certainly be a welcome measure. At the present time a food business can be started without any reference to the Public Health Inspector and only when it is found to be in operation can any en-

forcement action be taken. If the premises were required to comply with prescribed requirements before trading commenced the administration of the Food Hygiene Regulations could be accomplished more readily. At the present time only in certain circumstances can informal prior approval be exercised, i.e. when plans are submitted to the local authority in connection with planning or building control or when an enlightened operator seeks the department's advice and comment before converting his premises or starting business.

During the year, the Development of Tourism Act, 1969, came into operation, one of its main features being that grants may be made by the Tourist Board in respect of the provision of additional letting bedrooms in hotels. Although expenditure involved in improving or extending ancillary facilities such as kitchens may rank for grant the payment of a grant is unfortunately not conditional upon the food preparation facilities being extended in proportion to the hotel's expansion.

During the holiday season approximately 60 food stalls took up their allotted positions on the beach and each was required to comply with the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, local food handling byelaws and the Council's licensing conditions. The stalls are used mainly for the sale of ice cream, soft drinks and shell fish. The stalls were all inspected prior to their being brought into use at the beginning of the season followed by regular check visits.

A considerable number of stalls offering a variety of foodstuffs were again intermingled with the amusements facilities on the forecourts of premises on the eastern side of the Promenade, particularly on the section between the Tower and the Central Pier (popularly named the Golden Mile). Frequent inspections were necessary, during normal working hours, in the evenings and at week-ends, to secure compliance with statutory requirements.

The following is a list of premises at which food businesses are carried on:-

Bakehouses	102
Butchers shops	157
Fish and chip shops	117
Restaurants, cafes and snack bars	258
Residential catering (hotels, boarding houses)	3,315
Ice cream manufacturers	27
Licensed premises and clubs	301
Retail food shops	1,002
Food factories	56
Works and school canteens	54
Wholesale caterers	11
Unlicensed clubs	5
Number of inspections	6,429

The Blackpool College of Technology and Art again offered courses leading to the Royal Institute of Public Health and Hygiene's Certificate in Food Hygiene and the Handling of Food, and its Diploma in Food Hygiene, Bakery Hygiene and Dairy Hygiene. Each of these part time courses included lectures by a public health inspector, and the Chief Meat and Food Inspector was appointed examiner.

MEAT INSPECTION

The sole licensed slaughterhouse in the borough is the modern abattoir built by the operating company on the site of the former municipal abattoir. The premises comply with the Slaughterhouse (Hygiene/Prevention of Cruelty) Regulations, 1968 and several useful improvements were carried out by the company during the year.

Health Department staff consists of the Superintendent Meat Inspector, who is a qualified public health inspector, and one authorised meat inspector. An additional public health inspector is normally available for meat inspection duties on a rota basis. 100% inspection of all carcases is achieved and the inspection charges are in accordance with the maxima specified by the Ministry.

Routine inspection of meat and other foods was maintained at wholesale and retail premises, including that of imported beef arriving in closed containers. The policy of accepting the voluntary surrender of unsound foods from wholesalers and retailers was maintained thus ensuring that such products were destroyed under Health Department supervision.

There are no poultry processing establishments or premises selling horsemeat for human consumption in the area of the authority.

Animals Killed

Year	Cows	Heifers	Bullocks	Bulls	Calves	Sheep	Pigs	Total
1959	2,180	2,338	7,299	21	809	80,230	19,090	111,967
1960	2,404	1,980	9,151	18	1,212	76,825	19,623	111,213
1961	2,372	2,890	10,201	31	1,850	89,129	20,084	126,512
1962	3,218	2,905	9,477	35	1,877	81,699	18,616	117,837
1963	2,825	3,285	9,790	29	1,473	71,934	17,158	106,494
1964	2,631	3,064	8,264	21	1,113	72,051	17,935	105,079
1965	1,695	2,265	7,581	17	900	66,728	17,550	96,736
1966	2,089	2,080	7,288	27	1,113	69,510	16,518	98,625
1967	1,484	1,922	7,480	25	1,002	62,496	16,216	91,450
1968	1,266	2,201	7,113	29	91	61,026	16,831	88,557
1969	1,269	2,212	6,460	12	19	52,731	22,420	86,097

Carcases and Offal inspected and rejected as unfit

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	8,684	1,269	19	52,731	22,420
All diseases except Tuberculosis and Cysticerci:					
Whole carcases rejected	—	6	3	18	89
Carcases of which some part or organ was rejected	5,423	778	1	4,468	1,788
Percentage of number inspected affected with disease other than tuberculosis and cysticerci ..	58%	61·7%	21%	8·5%	8·37%
Tuberculosis only: Whole carcases rejected	—	—	—	—	—
Carcases of which some part or organ was rejected	—	3	—	—	42
Percentage of the number inspected affected with tuberculosis	—	0·24%	—	—	0·18%
Cysticercosis Bovis: Carcases of which some part or organ was rejected	Nil	Nil	—	—	—
Carcases submitted to treatment by refrigeration	Nil	Nil	—	—	—
Generalised and totally rejected ..	Nil	Nil	—	—	—

Meat Rejected - Details of Diseases and Conditions Found

MEAT CONDEMNED - 1969

	Totals lbs.
Abscessed	11,006
Actino-bacillosis	1,023
Arthritis	804
Bone Taint	29
Bruised	1,700
Cadavers	432
Cirrhosis	1,916
Congested	3,347
Decomposed	755
Emaciation	2,135
Enteritis	9
Erysipelas	297
Fasciolasis	54,392
Fevered	1,386
Fractured	295
Immature	28
Jaundice	70
Jointill	84
Mastitis	280
Melanosis	77
Carried forward ..	80,065

Brought forward	80,065
Moribund	455
Nephritis	158
Oedema	58
Parasitic	5,945
Pericarditis	969
Peritonitis	402
Pleurisy	129
Pneumonia	12
Pyaemia	7,948
Sarcoma	110
Septic	1,611
Supperative	43
Telangiectasis	48
Taxaemia	136
Tuberculosis	616
Tumours	89
Unsound	2,686
Urticaria	211
Uraemia	108
Xanthosis	54
TOTAL	101,853

Food Voluntarily Surrendered

These figures do not include meat rejected at the abattoir.

	Tons	Cwts.	Lbs.
Carcase meat and offal ..	1	1	64
Cooked meat and meat products	—	5	60
Canned meats	3	1	97
Other canned food	4	19	109
"Fresh" fish	—	1	47
"Fresh" fruit and other vegetables	—	1	111
Other foods	2	6	13
	11	18	53

Disposal of Meat and Other Foods

The Meat (Sterilisation) Regulations, 1969, came into operation on the 1st November, 1969, replacing the 1960 regulations, and providing a much stronger control over the disposal of unfit meat and knacker meat. Such meat must now be sterilised before removal from the place of slaughter unless a specified exemption applies. The principal exemption is available to a processor who removes the meat for sterilisation provided the meat is conveyed in a locked vehicle or impervious container which must be conspicuously labelled. With the exception of certain livers which are permitted to be removed for use in the manufacture of pharmaceutical products, all unsound meat from the abattoir is removed, in an approved manner, for processing and conversion to fertilisers, etc.,

All other foods which are voluntarily surrendered as being unfit for human consumption at shops, warehouses and catering premises are collected by the Department's employees and delivered to the refuse destructor where they are destroyed by incineration.

SAMPLING OF FOOD AND DRUGS

Having county borough status, Blackpool is a food and drugs authority, and the sampling of food and drugs is quite properly associated with its environmental functions. During 1969, 405 samples were purchased by the specialist public health inspector concerned and were submitted to the public analyst. Details are as follows:-

Commodity	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
FOODS						
Almonds (ground)	—	1	1	—	—	—
Apricots	—	1	1	—	—	—
Arrowroot	—	1	1	—	—	—
Bean Sprouts	—	1	1	—	—	—
Butter	—	10	10	—	—	—
Cakes, Confectionery and cake mixes	—	8	8	—	—	—
Caraway (ground)	—	1	1	—	—	—
Cheese	—	3	3	—	—	—
Chicken (tinned)	—	6	6	—	1	1
Coconut (desiccated)	—	1	1	—	—	—
Coffee	—	9	9	—	—	—
Colouring Matter	—	1	1	—	—	—
Cornflour	—	1	1	—	—	—
Cream	—	8	8	—	—	—
Curry	—	1	1	—	—	—
Custard Powder	—	1	1	—	—	—
Dessert	—	6	6	—	—	—
Fat Compound	—	1	1	—	—	—
Fish -pastes	—	4	4	—	—	—
Fish - tinned	—	5	5	—	—	—
Flavouring- vanilla	—	1	1	—	—	—
Flour	—	6	6	—	—	—
Flour - rice	—	1	1	—	—	—
Frizets	—	1	1	—	—	—
Fruit Curd	—	1	1	—	—	—
Fruit Fillings	—	5	5	—	—	—
Gravy Browning	—	1	1	—	—	—
Grills	—	2	2	—	—	—
Gutt Laches	—	1	1	—	—	—
Hamburgers	—	1	1	—	—	—
Honey	—	1	1	—	—	—
Ice Cream	—	25	25	—	—	—
Jam	—	6	6	—	—	—
Jellies	—	9	9	—	—	—
Lard	—	8	8	—	—	—
Lemon Curd	—	1	1	—	—	—
Lentils	—	1	1	—	—	—
Margarine	—	7	7	—	—	—
Marzipan	—	1	1	—	—	—
Meat - cooked	—	2	2	—	—	—
Meat - pastes	—	2	2	—	—	—
Meat - tinned	—	30	30	—	—	—
Milk	1	110	111	1	—	1
Nut Oil	—	1	1	—	—	—
Peel (Australian)	—	1	1	—	—	—
Pepper	—	2	2	—	—	—
Pickles and Sauces	—	5	5	—	—	—
Pies	—	3	3	—	—	—
Potato Mix	—	2	2	—	—	—
Puddings	—	7	7	—	—	—
Ravioli with Tomato Sauce	—	1	1	—	—	—
Rice	—	1	1	—	—	—
Sage	—	1	1	—	—	—
Salad Cream	—	2	2	—	—	—
Sausage	—	7	7	—	—	—
Soft Drinks	—	8	8	—	—	—
Soup	—	9	9	—	—	—
Spaghetti and Meat Balls	—	1	1	—	—	—
Spice	—	1	1	—	—	—
Suet	—	3	3	—	—	—
Vegetables	—	1	1	—	—	—
Vinegar (Malt)	—	4	4	—	—	—
Wine	—	1	1	—	—	—
Carried forward	1	354	355	1	1	2

Commodity	Number of samples of each article examined			Number of samples of each article regarded as adulterated		
	Formal	Informal	Total	Formal	Informal	Total
Brought forward	1	354	355	1	1	2
DRUGS						
Acetyl Salicylic Acid and Phenacetin Tablets	—	1	1	—	—	—
Ammonia Aromatic of solution ..	—	1	1	—	—	—
Ansalysen Tablets	—	1	1	—	—	—
Aurum Ambrosium	2	1	3	1	1	2
Bengues Balsam	—	1	1	—	—	—
Bisma - rex	—	1	1	—	—	—
Blood Mixture	—	1	1	—	—	—
Calamine Cream	—	1	1	—	—	—
Calamine Oily Lotion of B.P.C. ..	—	1	1	—	—	—
Calcidrine Syrup	—	1	1	—	—	—
Curicone Capsules	—	1	1	—	—	—
Dexamphetamine Tablets	—	1	1	—	—	—
Dicophane Dusting Powder B.P.C.	—	1	1	—	—	—
Disulfiran Tablets B.P.C.	—	1	1	—	—	—
Droxalin Gel	—	1	1	—	—	—
Ex-lax Junior	—	1	1	—	—	—
Ferrous Phosphate Compound Syrup	—	1	1	—	—	—
Ferrous Sulphate Tablets	—	2	2	—	—	—
Germoloids	—	1	1	—	—	—
Glucovite	—	1	1	—	—	—
Glycerophosphates Compound Syrup	—	1	1	—	—	—
Glyceril Trinitrate Tablets	—	1	1	—	—	—
Hydrenox Tablets	—	1	1	—	—	—
Hydrochlorithiazide Tablets ..	—	1	1	—	—	—
Linctus (Tusana Cough)	—	1	1	—	—	—
Magnesium Sulphate Paste	—	1	1	—	—	—
Mecamylamine Tablets	—	1	1	—	—	—
Mendaco Tablets	—	1	1	—	—	—
Meprobamate Tablets	—	1	1	—	—	—
Mepyramine Maleate Tablets ..	—	1	1	—	—	—
Methyl Salicylate - Ointment of ..	—	1	1	—	—	—
Methylthiouracil Tablets	—	1	1	—	—	—
Mistol Drops	—	1	1	—	—	—
Nature Salve	—	1	1	—	—	—
Nemakol	—	1	1	—	—	—
Nemolin Ointment	—	1	1	—	—	—
Neo-Naclex	—	1	1	—	—	—
Relaxa Tablets	—	1	1	—	—	—
Soothing Syrup	—	1	1	—	—	—
Stilboestrol	—	1	1	—	—	—
Tabasan Tablets	—	1	1	—	—	—
Tonic-Orstrax	—	1	1	—	—	—
Vapomist	—	1	1	—	—	—
Viodox Tablets	—	1	1	—	—	—
Vitamin A and D Capsules	—	1	1	—	—	—
Yeast Tablets	—	1	1	—	—	—
Zactirin Tablets	—	1	1	—	—	—
TOTAL	3	402	405	2	3	5

DETAILS OF ACTION TAKEN IN RESPECT OF UNSATISFACTORY SAMPLES

Aurum Ambrosium Two samples of this product, which consists of honey and other ingredients, were found not to be labelled in accordance with the requirements of the Labelling of Food Order, 1955. When a further formal sample was obtained it was found that the label had been satisfactorily amended.

Yeast Tablets This informal sample was found to contain 190 parts per million of zinc. Although there are no relevant legal standards the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food have recommended that such tablets should not contain more than 50 parts per million of zinc. A warning letter was sent to the manufacturers who replied stating that they had now ceased to manufacture yeast tablets.

Milk

This formal sample consisted of liquid reconstituted from dried milk and containing insoluble solids but which was sold as dried milk. The sample also contained 33% additional water compared with genuine milk. Legal proceedings were instituted under Section 32 (4) of the Food and Drugs Act, 1955, and the vendor was fined £20 plus a total of £6.6.0 costs.

Chicken in rich curry sauce

This informal sample was reported as being deficient in chicken to the extent of 20%. A formal sample was subsequently obtained and successful legal proceedings were taken early in 1970.

BACTERIOLOGICAL SAMPLING

336 samples of milk were submitted to the Public Health Laboratory at Preston for examination in connection with the tests prescribed in the Milk (Special Designation) Regulations and for tuberculosis and brucellosis in untreated milk. 38 samples were reported as being unsatisfactory and details are given below:-

Methylene Blue Test

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Untreated	65 4 void	35	—	—
Pasteurised	85 2 void	1	22 1 void	1
Past. Homogenised	44 2 void	1	—	—

Phosphatase Test

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised	88	—	24	—
Past. Homogenised	47	—	—	—

Animal Inoculation Test

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Untreated (for Tuberculosis) ..	14	—	—	—
Untreated (for Brucellosis) ..	13	1	—	—

Brucella Cultures Test

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Untreated	6	3	—	—

Turbidity Test

Grade of Milk	Outside the Borough		Inside the Borough	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Sterilised	72	—	—	—

One of the large dairies ceased to sell Untreated Milk during the year.

Brucella Abortus

Because of the extensive television publicity given to Brucella abortus infection in herds, the milk from some of which is sold to the public untreated, there had been a tendency for the housewife to change to a heat treated product.

Sales of untreated milk in Blackpool have declined but there remains a hard-core of consumers to whom the label "farm bottled" conveys the idea of a superior product and who, despite risk of undulant fever (to say nothing of salmonellosis and Q. fever) continue to imbibe this untreated milk.

To be fair to the producer-retailers bringing milk into the borough, they are well aware of such problems, yet for all their efforts occasional positive results are reported by the Public Health Laboratory at Preston. Where such positive samples for Brucella abortus are notified, the Divisional Medical Officer of Health, the Chief Public Health Inspector for the area concerned and the farmer are immediately informed. Until the herd is clear of infection the milk from it is heat treated.

All untreated milk now sold in Blackpool is brought in from outside the borough; the last producer-retailer within the area of this authority has ceased production.

Details of the bacteriological examination of ice cream are given on page 89 of this report.

Milk Supply

The following is a list of milk purveyors in the borough.

Large distribution depots	7
Dairymen's premises (excluding farmers)	4
Dairymen using registered dairies other than their own premises	9
Distributors of bottled milk from retail shops ..	332

The following licences issued under the Milk (Special Designation) Regulations, 1963, were in operation at the end of 1969.

Licensed bottling establishments:

Pasteurised	1
Untreated (licence issued by Ministry)	1

Dealers' licensed for the sale of prepacked milk:

Untreated	32
Pasteurised	358
Sterilised	298
Ultra heat treated	3

ICE CREAM

Registration of Manufacturers and Purveyors

During the year two manufacturers discontinued production of their own ice cream and two others installed soft heads, leaving the number of our local producers at 27.

There have been a number of changes of occupiers of registered premises but few new registrations. These now total more than 600 selling points, most of which sell nationally known brands of ice cream.

Premises

The structural condition of the premises used in the manufacture of ice cream was satisfactory, and accommodation in all cases was adequate.

Retail selling points operated satisfactorily during the year.

Sampling

For the purpose of analysis 24 samples were taken for chemical and 70 for bacteriological examination.

Chemical

The operative regulations remain the Food Standards (Ice Cream) Regulations, 1959.

(a) The standards lay down a minimum of 5% fat and solids other than fat 7½% for ordinary ice cream, whilst dairy ice cream must contain not less than 5% milk fat and 7½% solids other than fat. Parev (Kosher) ice cream must contain not less than 10% fat and no milk fat or any other derivatives of milk.

(b) No ice cream of any description must contain any artificial sweetener.

An amendment in 1963 permitted the addition of sugar to the complete cold mix powder after heat treatment.

A comparative classification of the fat content in the samples for the years 1967, 1968 and 1969 is shown in the following table:-

Classification of Fat Content %	1967	1968	1969
Below 5.. ..	—	—	—
Over 5 Below 6.. ..	3	2	2
Over 6 Below 7.. ..	6	1	6
Over 7 Below 8.. ..	3	1	3
Over 8 Below 9.. ..	4	3	2
Over 9 Below 10.. ..	5	6	5
Over 10	3	11	6
	24	24	24

Samples taken on the sands gave the following fat percentage in relation to the respective manufacturers coded A to C.

Manufacturer	A	B	C
Per cent fat	8·3	9·3	9·7

It will be noted that in relation to the fat content the legally prescribed minimum is 5%. By special condition inserted in the licences to trade on the sands, however, it is required that ice cream sold from stalls on the sands must contain not less than 8% of fat.

All samples complied with the operative Regulations.

Bacteriological

The following table shows the grading of 70 samples submitted for examination for the methylene blue test:-

Class of Mix.	1	2	3	4	TOTAL
HEAT TREATED					
Traditional Hard ..	33	7	2	—	42
Soft ice cream	13	6	—	6	25
COLD MIX	2	1	—	—	3
TOTAL	48	14	2	6	70

Grades 1 and 2		Grades 3 and 4	
1966	75·6%	1966	24·4%
1967	87·3%	1967	12·7%
1968	78%	1968	21·2%
1969	88·6%	1969	11·4%

Breaking the 1969 figures down further-:

Soft ice cream	76%	24%
Hard ice cream	95·2%	4·8%

After some disappointment with the 1968 bacteriological results it is gratifying to record a notable improvement in this year's samples. Had it not been for the problems associated with one soft ice cream manufacturer, and these were overcome, the results would have been outstanding.

The co-operation received from each producer is gladly acknowledged.

FOREIGN MATTER AND MOULD IN FOOD

During the year the department dealt with 50 complaints from purchasers of unsatisfactory foodstuffs which can be classified as follows:-

	Foreign matter		Mould
	Home produced	Imported	
Bread	8		5
Milk	5		
Meat Pies ..	1		3
Canned meat ..		3	
Fruit	1	1	1
Vegetables ..	1	1	1
Flour confectionery			3
Cooked meat ..	1		1
Fish	2		
Jam	1		
Cereals	1		
Sweets	1		
Other foods ..	8		1

The foreign matter discovered was of several different kinds, examples being glass in bread and in jam, a maggot in bottled beetroot, wire in corned beef and in a bottle of beer, and a fly frozen to an ice-lollipop. Not all matters complained of were found to be harmful however. What was thought to be glass in processed cheese was identified as crystals of emulsifying salts due to prolonged storage; burnt sugar on a lollipop gave it a dirty appearance and the fear that a steak pudding had been sold containing "half a mouse" was dispelled when the offending matter was identified as part of a bovine cheek from the mouth region.

Every complaint is fully investigated and those of a minor nature are usually resolved informally. In other cases, after careful consideration of the facts, warning letters are issued or legal proceedings instituted, During the year successful proceedings were taken in respect of mouse excrement in a steak pudding following a complaint made in 1968, resulting in a fine of twenty pounds. In October the manufacturers of a steak and kidney pie which was sold in a mouldy condition were fined £25 plus £31.16.0 costs and fees.

TRADE DESCRIPTIONS ACT, 1968

By the end of the year this Act had been in operation for some 13 months. It has replaced the various Merchandise Marks Acts, but the Orders made under the 1926 Act specifying the marking of country of origin, etc., of certain imported foodstuffs are to continue until 1971.

During the year several minor contraventions of the Orders were observed by inspectors and were dealt with informally.

The Trade Descriptions Act does not replace the "consumer protection" powers in the Food and Drugs Act, which are administered by the public health inspectorate, but overlapping clearly exists. Enforcement of the new Act is undertaken by the Weights and Measures inspectors, but before the enforcement of the Act it was agreed between the two departments that any matter relating to the composition, nature, quality and substance of food, together with its labelling and advertising should be dealt with by the Health Department under existing legislation. This policy, which is in accordance with Board of Trade guidance, has resulted in excellent co-operation between the officers concerned, particularly when dealing with complaints by members of the public.

PLACES OF EMPLOYMENT

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Having completed the programme of initial inspections of registered premises and a survey of all other shops and offices to ascertain whether or not the Act was applicable, in 1969, the Health Department introduced a follow-up survey of all premises in which matters were previously found to require attention. During the year one public health inspector and one technical assistant were engaged in administration and enforcement duties, and this ensured that, in addition to other essential duties, the Department was able to devote a considerable amount of its time to the enforcement of this legislation. 214 premises were registered during the year, mainly as a result of the inspector's investigations, and the total number of premises on the Council's register at the end of the year was 2,573 in which 29,464 persons were employed. 302 registrations were cancelled, generally as a result of a transfer of ownership rather than the dismissal of employees, and this reflects the considerable turnover of many seasonal retail businesses in this authority.

Sixty accidents, each involving a disability for more than three days, were notified to the Authority under Section 48 of the Act. Although in previous years each individual occurrence has been investigated, this has been found to be unnecessary in many instances, and special visits in respect of comparatively trivial incidents were dispensed with. Where investigations were made it was often found that although no contravention of the Act had occurred the inspector was able to give suitable advice in order to prevent any further similar accident. Several minor contraventions were brought to light, these being remedied informally, and during the year under review no accident was found to be sufficient to warrant the institution of legal proceedings.

The Department's responsibilities under this legislation increased on the 28th May with the coming into operation of the Offices, Shops & Railway Premises (Hoists & Lifts) Regulations, 1968, which lay down certain requirements for the safety of this equipment and that it should be examined at least every six months by a competent person. By the end of the year several copies of unsatisfactory reports had been received from insurance company examiners and visits were made to ensure that the statutory requirements and other recommendations were carried out. Unfortunately, the Authority is not required to be furnished with copies of satisfactory reports, which, in respect of some matters, are the only means of establishing that the necessary works have been carried out. Although the occupier is required to retain each inspection report for examination, it has been found that in some cases the reports are not available at the premises concerned but have been retained at the occupier's head office. In an attempt to overcome this difficulty a written request has been sent to each company involved to have available either the original report or a photo-copy at the actual premises.

A high standard of co-operation has been maintained from all levels of management and the advice of the Department's officers is regularly sought by persons proposing to construct or alter shop and office premises; advice is frequently given at the same time to ensure compliance with other legislation administered by the health inspectorate, e.g., the Food Hygiene (General) Regulations, 1960. In addition, a considerable advantage in local authority enforcement is obtained in that all relevant plans submitted in connection with planning and building control legislation are passed to the health inspectors for comment before approval, and this has obviated the need for any subsequent works to secure compliance.

Excellent liaison with H.M. Factory Inspectorate has again been evident, and few problems relating to the divisions of responsibility now arise. In July, each local authority received a set of notes compiled by H.M. Chief Inspector of Factories which outlined the inspection and enforcement procedures normally adopted by his Department, including some information concerning the frequency of inspections. Now that the lengthy initial survey and inspections have been completed, I feel confident that the frequency of inspections of this Authority's registered premises will compare favourably with that described. It is intended that the follow-up inspections should be completed early in 1970 and this will then be followed by a further complete survey, including the checking of all shops and offices which originally did not require registration because, for example, no persons were employed at that time; reference to the comprehensive details of premises recorded during initial visits will enable this later survey to be accomplished in a comparatively short time.

It is felt that, in Blackpool, the enforcement of this important piece of safety, health and welfare legislation is in capable and effective hands, and that the Health Department would welcome any extension of its responsibilities in this field as being the appropriate body for such enforcement duties.

During 1969 the following inspections were carried out:-

Initial Inspections

Offices	37	
Retail Shops	130	
Wholesale Shops and Warehouses	10	
Catering Establishments	14	
Fuel Storage Depots	—	
Total		**191**

Re-inspections

Offices	175	
Retail Shops	554	
Wholesale Shops and Warehouses	53	
Catering Establishments	131	
Fuel Storage Depots	1	
Total		**914**

Regarding Registration of Premises

Offices	175	
Retail Shops	954	
Wholesale Shops and Warehouses	30	
Catering Establishments	103	
Fuel Storage Depots	—	
Total		**1,262**

Visits Re Notification or Accidents

Offices	3	
Retail Shops	27	
Wholesale Shops and Warehouses	1	
Catering Establishments and Canteen	8	
Fuel Storage Depots	1	
Total		**40**

Total Number of Visits : 2,407

SUMMARY OF VISITS

1. Initial Inspections

Offices	37	
Retail Shops	130	
Wholesale Shops and Warehouses	10	
Catering Establishments	14	
Fuel Storage Depots	—	
Total		**191**

Premises found to be satisfactory

Offices	12	
Retail Shops	41	
Wholesale Shops and Warehouses	1	
Catering Establishments	3	
Fuel Storage Depots	—	
Total	57	

Premises where contraventions of the Act were found

Offices	25	
Retail Shops	89	
Wholesale Shops and Warehouses	9	
Catering Establishments	11	
Fuel Storage Depots	—	
Total	134	
		191

2. Re-inspections Regarding Compliance of the Act as per Letters sent to Owners and Employers

Offices	175	
Retail Shops	554	
Wholesale Shops and Warehouses	53	
Catering Establishments	131	
Fuel Storage Depots	1	
Total		**914**

Premises found to comply with the Act

Offices	103	
Retail Shops	272	
Wholesale Shops and Warehouses	34	
Catering Establishments	72	
Fuel Storage Depots	—	
Total	481	

Premises where partial compliance of the Act were found

Offices	38	
Retail Shops	147	
Wholesale Shops and Warehouses	8	
Catering Establishments	39	
Fuel Storage Depots	1	
Total	233	

Premises visited to advise Owners and Employers regarding work required to comply with the Act

Offices	5	
Retail Shops	13	
Wholesale Shops and Warehouses	1	
Catering Establishments	3	
Fuel Storage Depots	—	
Total	22	
		736

In the remaining 178 premises where no action had been taken to comply with the Act

14 Offices, 35 Shops, 7 Wholesale premises and 2 Catering Establishments were found to be vacated.

9 Offices, 44 Shops and 4 Catering Establishments had change of business or employer.

5 Offices, 37 Shops, 2 Wholesale premises and 9 Catering Establishments had no employees after initial inspection.

1 Office and 4 Shops had part time (under 21 hours) employees after initial inspection.

1 Shop, 1 Wholesale premises and 1 Catering Establishment have been demolished.

1 Shop and 1 Catering Establishment due for demolition.

Total ..	178	
		914

Dangerous Machinery not properly guarded as per L.A. Circular 7

Gravity Feed Food Slicer	6	
Horizontal Carriage Food Slicers	1	
Compressor Motors	1	
Guillotine	1	
Car Lift	1	
Cover over driving seat on mechanical lift truck ..	1	
Total		**11**

Dangerous Machinery found properly guarded as per L.A. Circular 7

Gravity Feed Food Slicer	3	
Horizontal Carriage Food Slicers	2	
Compressor Motors	2	
Potato Chippers	5	
Potato Peelers	4	
Band Saw	1	
Goods Lifts	2	
Car Lift	1	
Electric Bread Slicer	2	
Electric Paper Cutter	1	
Total		**23**

Dangerous Machinery Properly Guarded as per Letters sent to Employers (Re-Inspections)

Gravity Feed Food Slicers	49	
Horizontal Carriage Food Slicers	26	
Compressor Motors	6	
Potato Chippers	1	
Potato Peelers	1	
Guillotine	1	
Total		**79**

EXEMPTIONS

During the year there were no applications for Certificates of Exemption under Section 9 and 10 of the Act.

LIFTS

During initial inspections various types of lifts were found to be unsatisfactory, for example:-

Goods Lifts No guarding or fencing at ground floor level, no suitable guard to platform when in transit carrying goods.

Car Lift No suitable means of securely guarding the pulley wheels to lift mechanism. Mechanism room not kept locked.

During the year the Department received eight copies of reports on inspection of lifts made by insurance companies.

The following list shows the type and number of contraventions of the Act on initial inspections.

Type	Offices	Retail Shops	Wholesale shops and Warehouses	Catering Establishments	Fuel Storage Depots
ABSTRACT	15	40	3	5	—
CLEANLINESS	—	3	—	—	—
OVERCROWDING	—	—	—	—	—
HEATING					
Insufficient	—	6	3	—	—
Thermometer	16	49	5	8	—
Fumes	—	—	—	—	—
VENTILATION	2	8	1	—	—
LIGHTING	—	2	1	1	—
FLOORS					
Defective	2	1	1	1	—
Coverings	—	8	—	1	—
Openings	2	2	1	—	—
SITTING FACILITIES	—	1	—	—	—
STAIRS					
Defective	2	—	1	—	—
Handrail	3	6	—	3	—
Coverings	—	1	—	—	—
FIRST AID	7	47	5	5	—
FACILITIES FOR EATING MEALS	—	—	—	—	—
DRINKING WATER	2	5	1	—	—
ACCOMMODATION FOR CLOTHING	1	5	—	—	—
WASHING FACILITIES					
Insufficient	1	1	2	—	—
Defective	1	1	—	—	—
Ventilation	—	—	—	—	—
Cleanliness	—	1	—	—	—
Hot Water	7	14	1	—	—
Soap and Towels	—	1	1	—	—
SANITARY ACCOMMODATION					
Insufficient	3	2	2	—	—
Defective	—	6	—	1	—
Lighting	1	23	—	1	—
Ventilation	3	6	—	—	—
Cleanliness	—	11	1	—	—
Ventilated Intervening Space	1	4	—	—	—
Assign and Mark	3	1	—	—	—
Sanitary Dressings	—	1	—	—	—

Reported Accidents

Workplace	Number Reported		Total No. investigated	Action Taken			
	Fatal	Non-Fatal		Prosecution	Formal warning	Informal advice	No action necessary
Offices	—	5	3	—	—	2	3
Retail Shops	—	38	27	—	—	17	21
Wholesale shops, Warehouses	—	2	1	—	—	—	2
Catering establishments open to public, canteens	—	13	9	—	—	6	7
Fuel storage depots ..	—	2	1	—	—	—	2
TOTALS	—	60	41	—	—	25	35

Analysis of Reported Accidents

Cause	Offices	Retail Shops	Wholesale warehouses	Catering establishments open to public, canteens	Fuel storage depots
Machinery	—	—	—	—	—
Transport	—	1	—	—	—
Falls of persons	3	12	—	5	1
Stepping on or striking against object or person	—	7	1	—	—
Handling goods	—	9	1	6	1
Struck by falling object	—	5	—	1	—
Fires and explosions	—	—	—	1	—
Electricity	—	—	—	—	—
Use of hand tools	—	2	—	—	—
Not otherwise specified	2	2	—	—	—
TOTALS	5	38	2	13	2

Factories Act, 1961

At the end of the year there were 706 factories on the Local Authority's register, 690 of which were equipped with mechanical power. 534 inspections were made by the district public health inspectors in connection with the general health provisions of the Factories Act, 1961, and 50 contraventions were found. Details are as follows:-

Premises	Inspections	Notices	
		Oral	Written
Factories without mechanical power	—	—	—
Factories with mechanical power	513	27	19
Power stations, building sites, gas undertakings, etc.	21	—	—
Total visits made	534	27	19

Defects Found and Remedied

Particulars	Found	Remedied	Referred to H.M.I.	Referred by H.M.I.	Prosecutions
Lack of cleanliness (factory only) ..	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences Insufficient	1	1	—	1	—
Unsuitable or defective	49	32	—	4	—
Not separate for sexes	—	—	—	—	—
Other offences	—	—	—	—	—
TOTALS	50	33	—	5	—

Matters notified to H.M. District Inspector of Factories

Failure to display Abstract of Factories Act	1
New factories	12
Factories discontinued	60

Outworkers

Six inspections of outworkers' premises were made and on each occasion conditions were found to be satisfactory. During routine inspections under Part 1 of the Factories Act, 1961, the public health inspectors have made routine enquiries as to whether outworkers were employed by the occupier and, where appropriate, have outlined the statutory requirements relating to notification of such employment. The prescribed particulars covering outwork are as follows:-

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
1	2	3	4	5	6	7
Wearing apparel: Making, etc., Cleaning and Washing	4	—	—	—	—	—
Others	Nil	—	—	—	—	—

Agriculture (Safety, Health and Welfare Provisions) Act, 1956

At the request of the Ministry of Agriculture, Fisheries and Food, the following particulars were submitted to that Ministry in October, 1969.

The agricultural holdings situated within the Borough consist of market gardens, piggeries and poultry farms of up to 17 acres, and mixed farms of up to 150 acres. These are classified as follows:-

Market Gardens	253		
Piggeries	5		
Market gardens/piggeries	7		
Mixed farms	9		
Poultry farms	4	**Total number** of holdings	278
Number of holdings surveyed			278
Number of holdings at which employees are engaged			78
Number of holdings worked solely by occupier and family			200
Number of holdings at which satisfactory sanitary accommodation is now available			278
Number of cases in which notices have been served requiring the provision of sanitary accommodation			2
Number of cases in which notices have been served in respect of unsatisfactory sanitary accommodation			3
Number of cases in which notices have been complied with			5

Since 1964 as a result of sewerage schemes undertaken by the local authority pail closets have been replaced by water closets at 65 holdings. A grant of ten pounds was made by the Corporation in each case.

ATMOSPHERIC POLLUTION

A total of 682 visits and inspections were made in connection with air pollution control, including formal chimney observations, investigation of complaints, and advisory visits.

Most smoke pollution is caused by the burning of coal on domestic open fires and although there is a significant trend away from this traditional but inefficient method of heating, the ridding of smoke from the atmosphere could be greatly accelerated by the introduction of smoke control areas in which each householder would receive a cash incentive to convert his heating method. Industrial and commercial premises now contribute very little to the town's smoke pollution and regular observations have been maintained in order to check that emissions are within the limits permitted by the Clean Air Act, 1956. During the year 3 contraventions were recorded and in 2 instances these occurred at a plant using an unsatisfactory mechanical stoker. Legal proceedings were instituted, in which a fine of £10 was imposed in each case, bringing the total number of convictions secured in respect of this plant to 8. Towards the end of the year, the department was notified that an order had been placed for modifications to the stoking equipment.

Clean Air legislation was strengthened during the year by the introduction, in two stages, of the 1968 Act. Now powers to deal with grit, dust, fumes and dark smoke and amended provisions in respect of smoke control areas were brought into effect. Control over the height of chimneys, which was extended by section 6, is no longer linked with the submission of plans under building control legislation and can be applied in certain circumstances, to existing buildings. The first case dealt with under these powers occurred when replacement boilers capable of raising 24,000 lb. of steam per hour were installed in a Corporation establishment. To keep the required chimney height to a minimum, a low-sulphur fuel was specified;

nevertheless an increase of 15 feet was required above the existing chimney height in order to satisfy present-day requirements. Two notifications of intention to install new boiler plant and 12 applications for prior approval of new plant was made in accordance with section 3 of the 1956 Act, each application being approved.

Since 1962, Blackpool has participated in the National Survey of Air Pollution by the operation of daily measuring equipment at the Municipal Health Centre, Hawes Side Clinic and Devonshire Road Hospital.

In each case the apparatus operates by continuously drawing in air from the outside of the building, at the rate of approximately 70 cubic feet every 24 hours. The air is passed through a filter paper which traps the smoke particles and the resultant stain is scanned under a reflectometer, from which the amount of smoke pollution can be calculated. The filtered air is then automatically bubbled through a hydrogen peroxide solution and by chemical titration the amount of sulphur dioxide in the atmosphere is determined. The amounts are expressed as microgrammes per cubic metre (one part per 100 million (by volume) = 28·6 microgrammes per cubic metre).

Each month the daily figures are sent to the Warren Spring Laboratory for the Ministry of Technology, which in turn provides the Department with complete details from the National Survey. The readings for 1969 are summarised in the tables which follow.

Throughout the year, the heaviest pollution has again been recorded at Devonshire Road Hospital, with the air in the vicinity of the Health Centre being slightly cleaner than at Hawes Side. The highest single daily concentration of smoke, however, occurred in the Hawes Side residential area on the 16th January, when 525 microgrammes per cubic metre were recorded.

It is pleasing to note that compared with 1968, the average concentration for both smoke and sulphur dioxide in 1969 were slightly lower at each recording station.

Data obtained from the Air Pollution Measuring Equipment

January to December, 1969

SMOKE AND SULPHUR DIOXIDE

Average Concentration (micro-grammes/cubic metre)	No. 1 Site Municipal Health Centre Classification B3			No. 2 Site Infectious Diseases Hospital Classification B2			No. 3 Site Hawes Side Clinic Classification B3		
	Smoke	Sulphur Dioxide	Smoke/ SO_2 Ratio	Smoke	Sulphur Dioxide	Smoke/ SO_2 Ratio	Smoke	Sulphur Dioxide	Smoke/ SO_2 Ratio
January	153	165	0·93	186	183	1·02	164	168	0·98
February	120	111	1·08	157	143	1·10	126	126	1·00
March	80	110	0·73	134	133	1·01	97	135	0·72
April	69	78	0·88	79	101	0·78	67	88	0·76
May	43	61	0·70	56	81	0·69	49	69	0·71
June	28	54	0·52	37	74	0·50	26	55	0·47
July	14	35	0·40	14	54	0·26	10	34	0·29
August	23	47	0·49	31	67	0·46	20	42	0·48
September	31	55	0·56	42	52	0·81	27	46	0·59
October	59	88	0·67	73	114	0·64	62	85	0·73
November	75	73	1·03	83	97	0·86	66	75	0·88
December	172	136	1·26	210	165	1·27	174	141	1·27
Average (1969)	72	85	0·85	92	105	0·88	74	89	0·84
Average (1968)	77	89	0·88	96	113	0·85	80	96	0·83
HIGHEST DAILY CONCENTRATION									
January	436	366	—	454	425	—	525	386	—
February	317	263	—	487	351	—	355	327	—
March	361	307	—	483	357	—	417	369	—
April	173	155	—	214	204	—	172	212	—
May	100	131	—	116	133	—	103	181	—
June	61	106	—	103	131	—	71	107	—
July	21	95	—	36	111	—	29	96	—
August	50	95	—	77	104	—	44	76	—
September	85	116	—	107	155	—	52	130	—
October	110	182	—	158	210	—	151	210	—
November	248	178	—	276	204	—	212	224	—
December	355	276	—	444	318	—	389	319	—

Number of days on which more than 500 microgrammes/m³ recorded;

Smoke: 1 (No. 3 site, January):

SO_2: Nil

NOISE

During the year, 48 complaints of noise nuisance were received by the Department, a reduction on the number received in 1968. These complaints however, involved the public health inspectors in no less than 520 inspections and re-inspections at various times of the day and night. In 25 cases, the existence of a statutory nuisance was established and these can be summarised as follows :-

Type of Premises	Industrial	Commercial	Domestic	Total
No. of nuisances confirmed	5	17	3	25
No. of nuisances remedied informally	5	15	3	23
No. of Statutory Notices served	—	1	—	1
No. of nuisance orders made	—	—	—	—

The statutory notice was served under the Public Health Act, 1936 Noise Abatement Act, 1960, following investigation of the following case. The occupiers of a first floor flat adjacent to a launderette and of a house at the rear complained of noise which was found to be caused by the rush of air from the drying-machines extract duct at low level. Plans had been submitted for the conversion of the original shop premises and the Department had outlined the matters which would require attention in order to prevent a noise nuisance. The duct in question should have been taken above eaves level, not only to reduce noise but also to disperse drying odours, but this had not been carried out by the contractor. Following the service of a notice on the operator, the duct was extended and the nuisance thereby abated.

In that part of the town devoted to the entertainment of holiday-makers a certain amount of noise is generally acceptable and would probably not satisfy the popular definition of noise, i.e., "unwanted sound". When the proprietor of an amusement arcade decided to include the game of bingo in his attractions, however, the proprietor of the guest-house immediately above considered there was excessive noise being emitted during a period of approximately 12 hours each day. The public health inspector confirmed this when he found that, when sitting in the guest-house lounge and in one of the bedrooms, he could hear every word of the bingo "caller" and could have easily participated in the game. The Public Safety Committee subsequently authorised legal proceedings under a byelaw dealing with nuisance from loudspeakers and when written warning of this was given, the proprietor carried out remedial works and effectively abated the nuisance.

Mention was made in the 1968 report of noise from civil engineering operations involved in the construction of a new trunk sewer. Further complaints were received as the work proceeded, but the Department was satisfied that the contractor was taking all reasonable steps to minimise the resultant disturbance and the contract was completed during the year.

Other complaints dealt with involved such activities as the handling and cutting of metals, barking dogs, refrigerator compressor motors and vehicles. As can be seen from the table above most nuisances were satisfactorily abated by informal action. In every instance the noise has been assessed subjectively by the investigating inspector, supplemented by the use of a sound level meter where appropriate. In many cases the guidance contained in British Standard 4142 (Method of Rating Industrial Noise) has been useful in confirming the officer's judgement of an alleged nuisance.

PEST CONTROL

Rodent Control

The continuous examination of land and premises for rodent infestations during the year entailed 1,761 visits summarised as follows: Business Premises 638; Dwelling Houses 1,050; Open Spaces 73.

A number of these premises were found to be infested. Orders requesting control of these infestations were duly received and the work was carried out satisfactorily.

Surface Infestations

The number of complaints received was 708. Treatment was carried out at 339 business premises and 369 dwelling houses. Of these, 69 premises were found to be free of infestation. The total number of surface infestation visits made during the year was 3,326.

Rodent Control in Sewers

One control programme was carried out during the year for the control of rats infesting sewers. In September/October, 644 manholes were test baited, followed by a further 306 holes baited with poison. Of this number 51 were found to contain rats. These were baited until no further takes were recorded.

Other Animal Infestations

Pigeons. The Department made 188 visits to premises in the Borough following complaints of pigeons causing a nuisance. This resulted in a total of 417 pigeons being destroyed.

Rabbits. 38 visits were made to premises and land regarding infestations by wild rabbits and the necessary eradication steps were taken in all cases.

Moles, Voles, etc. 36 visits were made to premises and the necessary treatments were carried out satisfactorily.

Insect Infestations

Treatment and/or advice was given following complaints received of insect infestations. The first and subsequent visits are summarised as:-

Vermin, bugs, fleas and lice	670
Cockroaches	403
Ants	177
Flies	17
Woodboring insects	84
Other Pests	223

In addition 13 males and 2 females were disinfested for infestations of body lice.

CARAVAN SITES

The number of caravan sites in the Borough consisting of three or more caravans is as follows:-

Holiday sites	5
Combined holiday and permanent sites	3
Permanent residential sites	4

All the above sites are subject to licence conditions laid down by the Local Authority under the Caravan Sites and Control of Development Act, 1960. The site licence conditions adhere closely to the Model Standards issued by the Ministry of Housing and Local Government.

In addition to the above sites the Local Authority have granted licences in respect of 41 sites where only one or two caravans are sited. The licence conditions for these are similar to those approved for the larger sites.

The total number of caravans on the above sites is 531 of which 223 are residential and 308 are for holiday purposes.

During the year 336 inspections have been carried out by the District Public Health Inspectors to ensure that site licence conditions are complied with. Several sites are subject to a "natural wastage" clause i.e., in order to achieve the required density the licensee is required not to relet or replace any caravan which is vacated or removed until a lower specified number is reached. Legal proceedings were instituted against an operator who failed to comply with this requirement, and following a guilty plea a fine of £10 was imposed, with £3.3.0 costs.

Each summer the department receives requests from holidaymakers wishing to find sites for their caravans, and in each case a list is sent to the enquirer who is advised to apply direct to the proprietors of the sites. The seasonal sites within the borough, are, in the main, accommodating static caravans and few facilities are available at the present time for the short-stay touring caravanner.

HAIRDRESSERS AND BARBERS ESTABLISHMENTS

Under the Blackpool Corporation Act, 1958, all persons who carry on a business as a hairdresser or barber are required to register themselves and their premises with the Local Authority.

The Act gives powers to make bye-laws and these bye-laws have been made and approved by the Ministry of Housing and Local Government for the purpose of securing (1) cleanliness of registered premises, instruments, towels and all materials and equipment used in the premises and (2) the cleanliness of all persons employed on the premises, in regard to personal hygiene and their clothing.

During the year there were 260 ladies' and gentlemens' hairdressing establishments on the Local Authority register.

In the premises inspected a good standard of cleanliness and general hygiene was maintained.

PLACES OF ENTERTAINMENT

The places of entertainment in the Borough are classified as follows:-

Cinemas	7
Cinemas also used for varieties during holiday season	3
Theatres	8
Ballrooms	5
Ice Drome	1
Bowling Alleys	2

As is usual prior to the commencement of the holiday season, the above places of entertainment were inspected, particular attention being paid to the dressing room and washing facilities for artistes, and also the sanitary accommodation and washing facilities for patrons.

The inspections revealed that all the facilities provided were of a high standard and in no case was any action found to be necessary by the department.

PET ANIMALS ACT, 1961

Seventeen premises within the Borough are licensed for the sale of pets by the local authority.

Forty-four inspections of these premises were carried out by the District Public Health Inspectors, and all were found to comply with the licence conditions.

ANIMALS BOARDING ESTABLISHMENTS ACT, 1963

This Act requires the licensing of premises where certain animals are boarded or kept for a period.

Five premises within the Borough have been licensed under this Act by the Local Authority.

During the year eight inspections were carried out to ensure that the licence and sanitary conditions were complied with, and all the premises were reported to be satisfactory.

RIDING ESTABLISHMENTS ACT, 1963

There are two premises in the Borough licensed under this Act, one of which only operates on a very small scale.

Seven inspections were carried out to ensure that the licence conditions were complied with. Reports were made to the Local Authority by the Veterinary Surgeons appointed to report on animal health, and in each case conditions were found to be satisfactory.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1961

Six premises are registered under Section 2 of the Act - i.e., premises where filling materials are used. No premises are registered under Sections 6 or 7, i.e., premises where rag flock is manufactured or stored.

Six samples of filling materials were taken during the year and all were found to be genuine.

FERTILISERS AND FEEDING STUFFS ACT, 1926

During the year 16 samples were takcn and the results received from the Public Analyst are set out below:-

Nature of Sample	Informal		Formal	
	Genuine	Not Genuine	Genuine	Not Genuine
Baby Bio	1	—	—	—
Chick Mash	1	—	—	—
Chick Starter Crumbs	1	—	—	—
Cuthbert's Dried Blood	1	—	—	—
Cuthbert's Fish, Blood and Bone Fertiliser	1	—	—	—
Growers Mash	1	—	—	—
Indoor Plant Fertiliser	1	—	—	—
I.C.I. Garden Plus	1	—	—	—
L.T.P. Velvetone	1	—	—	—
Lay Pellets	1	—	—	—
Layers Mash	1	—	—	—
Plant Builder	1	—	—	—
Rose Fertiliser	1	—	—	—
Sow and Weaner Meal	1	—	—	—
Turkey Pellets	1	—	—	—
Turkey Rearing Mash	1	—	—	—
TOTAL	16	—	—	—

All the samples taken during the year were found to meet the requirements of the Fertilisers and Feeding Stuffs Regulations of 1960.

DRAINAGE WORKS SECTION

This vital section of the Department comprises 8 experienced employees under the direction of the drainage works foreman. A comprehensive service is available for the repair, unblocking and cleansing of drains within the Borough and during 1969, 3,578 jobs were undertaken. These works are carried out on receipt of a signed order, often at very short notice, and charges are made on a time and materials basis. In addition, the section carries out works in connection with the local authority's statutory obligations, e.g., the cleansing and maintenance of public sewers (Public Health Act, 1936, Section 24) and work in default of compliance with statutory notices.

Final air and smoke tests are applied to all new domestic properties on behalf of the Borough Surveyor's Department and 356 of these were made during the year. At existing properties 234 tests were applied in order to locate suspected defects or to check repaired drains.

In Blackpool, the provision of a domestic dustbin is the responsibility of the owner or tenant (Public Health Act, 1936, Section 75). The Department carries a stock of $3\frac{1}{4}$ cu. ft. British Standard galvanised bins and 625 of these were sold and delivered during 1969.

OFFENSIVE TRADES

There are only three establishments at which offensive trades (as defined in the Public Health Act, 1936) are carried on, namely

Tripe boiler.
Gut scraper.

These by-product activities are conducted within the precincts of the abattoir and are supervised by the public health inspectors engaged in meat inspection.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

The number of piggeries at which waste food (swill) is used for animal feeding is 21.

Forty-one inspections of these premises were made during the year and no contravention of the above Order was recorded.

Several warning letters were issued in respect of failure to comply with bye-law requirements concerning the transport of swill.

MISCELLANEOUS STATISTICS

Complaints received

Oral	3,954
Written	300

Visits and Inspections

FOOD PREMISES

Bakehouses	116
Butchers' shops	190
Cafes and Snack bars	747
Dairies and Milk Shops	227
Fish Frying Shops	124
Hotels, Licensed premises and Guest Houses	3,437
Ice Cream Premises	89
Food Manufacturing Premises	93
Food Stalls	326
Other Food Shops	2,019

Other Matters

Animal Boarding Establishments	8
Basements	14
Cinemas, Dance Halls, Theatres, etc.	5
Drainage Schemes	366
Dwelling Houses	229
Housing Improvement Grants	121
Exhumations	1
Factories	546
Hairdressing Businesses	239
Houses in Multiple Occupation (Holiday)	379
Houses in Multiple Occupation (Residential)	2,201
Problem Families	123
Infectious Diseases (including Food Poisoning and Dysentery)	1,179
Caravan sites and land	336
Municipal Tenancy Applicants	399
Noise Nuisances	520
Other Nuisances	10,168
Offices, Shops and Railway Premises Act	2,407
Pet Animals Act	44
Farms, Smallholdings and Piggeries	109
Public Conveniences	23
Rag Flock and other Filling Materials Act	6
Refuse Tips	15
Roadways, Footpaths, Back Streets and Passages	370
Schools and Churches	11
Clearance Area Survey	50
Air Pollution Control	682
Storage of Refuse	272
Stables, etc.	82
Swimming Baths	109
Temporary Structures	208
Town Planning and Building Control Matters	351
Watercourses and Ponds	288
Water Supply	56
Diseases of Animals (Waste Foods) Order, 1957	41
Registered Old Persons' Homes	22
Visitors' Complaints	82
Not otherwise Classified	3,981

COUNTY BOROUGH OF BLACKPOOL

THE HEALTH OF THE SCHOOL CHILD

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1969

To the Chairman and Members of the Education Committee of the Corporation of Blackpool.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting the report of the School Health Service for the year 1969. The total number of children in the school population showed an increase of about 1,000 over the previous year.

Routine medical inspections carried out during the year dropped by about 200 over 1968. This drop was due to the selective system used at the 10+ age group. By selecting at this age group time could be devoted to those children requiring special attention. Routine inspections, as previously, were carried out on all entrants to primary schools and school leavers. On the school leavers in 1969 in addition to the medical examination we carried out routine smallpox re-vaccinations and diphtheria and tetanus immunisation where permission was given.

The Child Guidance Service once again had very heavy demands made upon it and, unfortunately, the waiting list gradually crept up till it stood at about nine months. The Child Psychiatrist is only available to us on a part-time sessional basis and as we have had no Psychiatric Social Worker throughout the year, all the case load has had to be carried by one Social Worker. Psychological and emotional problems among the children are ever on the increase at the present time and it is to be hoped that we would be soon in a position, through an increase of staff, to reduce our waiting list.

Park School, for E.S.N. children, has once again worked at full capacity throughout the year. In September of each year we have been able to practically eliminate the waiting list, but this grows again during the school year. It has been found at a recent survey that out of the 180 children on the roll 75 exhibited other handicaps in addition to their subnormality, e.g., maladjustment, partial deafness, epilepsy; and one must consider the school now almost as one catering for multiple handicaps. With the earlier assessment of children it is found that a number of the children are ready to enter Park School and benefit from it before the age of 7 years, and it is hoped that the school can be opened in the near future from the 5 to 16 age group and not as at present from 7 to 16 years.

The Diagnostic Assessment Unit, which was opened in 1968, continued to admit children presenting with marked learning defects and other problems. It has been found to be a valuable asset in the placement of handicapped children. However, some of the children assessed are ready for placement in Park School itself before reaching 7 years and thus highlighted the need to have Park School admittance at an earlier age.

Highfurlong School, the school for delicate and physically handicapped children, has also had to work at full capacity throughout the year. During 1969 the trend, which had been noted over the past five years, continued; that is the complete reversal of percentages of physically handicapped to delicate children. In 1965 the physically handicapped percentage was 36·1 and the delicate 53·4 and there was 10·5% others. At the end of 1969 the physically handicapped percentage had risen to 62·1, the delicate had dropped to 24·1 and we had 13·8 others. The type of physically handicapped child entering the school has changed somewhat in that we now have some who are very severely handicapped and the number of wheelchair cases has also risen. This has meant the need for nursery assistants within the school to assist the teachers with children who require a lot of help with their toileting and feeding.

The Audiology Clinic, which opened in 1968, has continued and there has had to be extra sessions to meet the increased demand.

Blackpool facilities for the education of all types of handicapped children have steadily increased over the past few years and it is now somewhat easier to place such children. The main difficulty remains - the placement for those children with emotional problems where there is a need for them to be in residential schools.

Local Authority Health Service is more and more turning its efforts to health education to the whole of the people in its area. Health education among the school children is a very important part of the overall programme. Throughout the year health education has continued in the schools and it is now recognised that to be effective this programme will need proper planning and probably the appointment of a full time Health Education Officer who could co-ordinate all the available talent.

Much has been said recently of the "drug problem" among teenagers and within the health education programme in schools it may be possible to tackle this question.

It is hoped in 1970 that Doctor Bound, the Consultant Paediatrician at Victoria Hospital, will be able to hold a Clinic once a month at the Central School Clinic where school children can be seen and the inter-relation between their handicaps and their educational placement can be discussed. We look forward to this further co-operation with the Consultant Staff at the Victoria Hospital as already we have the Ear, Nose and Throat Clinic functioning.

During 1969 we had our full establishment of speech therapists and the waiting list was able to be brought down somewhat. However, there is an increasing demand for the services of speech therapists, particularly in such units as the Diagnostic Assessment Unit where language/speech defects are paramount, and it would appear that an increase of this establishment may soon be necessary.

The same position is appearing in regard to physiotherapists. Highfurlong school, with its increased physically handicapped is of necessity requiring more and more of their time and again an increase of this establishment would appear inevitable.

It was commented last year that a period of change was upon us in the Health and Social Services and how the school health service would emerge at the end of this period was uncertain. We are still in this period of uncertainty and as yet we do not know what the future holds. One thing is certain, the old concept of the school health service has gone and more and more we are becoming involved with the assessment of children, the investigation of their difficulties and their proper placement in relation to these difficulties.

I wish to thank the Head Teachers and teaching staff of the schools in Blackpool for their willing co-operation throughout the year. I wish also to thank all our staff for their work during the year and the other local authority departments for their co-operation with us and the Chairman and Members of the Education Committee for their support.

Municipal Health Centre,
Whitegate Drive,
Blackpool.
Tel. No. Blackpool 63232.

D. W. WAUCHOB,
Medical Officer of Health.

COUNTY BOROUGH OF BLACKPOOL

Population (Registrar-General's latest official estimate) 146,700

	No. of Schools	Number of Pupils 1969	1968
Secondary Grammar	3	2,046	2,042
Secondary Modern	9	5,950	5,358
Primary	33	12,031	11,608
Special Day (E.S.N.)	1	179	185
Open Air	1	108	102
Residential School for Maladjusted	1	46	46
Direct Grant Grammar	3	1,952	2,003
Independent Grammar	1	465	439
Private and Preparatory	6	445	496
		23,222	22,279

CLINIC PREMISES

School Medical Service

CENTRAL SCHOOL CLINIC, WHITEGATE DRIVE

Open Daily, Monday to Friday .. .. 9.0 a.m. to 12 noon
1.45 p.m. to 4.30 p.m.

Branch Clinics

BISPHAM SCHOOL CLINIC

Open Monday (Doctor in attendance) .. .. .. 9.30 a.m. to 12 noon
Thursday (Nurse in attendance) .. .. .. 2.0 p.m. to 4.30 p.m.

ABBEY ROAD SCHOOL CLINIC

Open Monday (Doctor in attendance) .. .. .. 9.30 a.m. to 12 noon
Friday (Nurse in attendance) .. .. .. 4.0 p.m. to 5.0 p.m.

The following Specialist Clinics are held at the Central School Clinic:-

	Number of Sessions
Child Guidance Clinic	10 per week
Speech Clinic	10 per week
Clinics, Specialist Teacher of the Deaf	10 per week
Specialist Audiology Clinic	3 per month
Ophthalmic Clinic	2 per week
Ear, Nose and Throat Specialist's Clinic	1 per month

SCHOOL DENTAL SERVICE

Principal School Dental Officer—Marshall Smith, L.D.S., R.C.S. (Eng.)

Clinics:

Central Clinic: Whitegate Drive
Branch Clinics: Ashburton Road
Abbey Road

Appointments

Central Clinic	Monday to Friday, 9.0 a.m. to 12 noon. Monday to Wednesday, 2.0 p.m. to 4.30 p.m. Thursday and Friday, 1.45 p.m. to 4.30 p.m.
Ashburton Road ..	Monday to Thursday, 9.0 a.m. to 12 noon.
Abbey Road	Monday to Thursday, 9.0 a.m. to 12 noon. Friday, 9.30 a.m. to 12 noon. 2.0 p.m. to 4.30 p.m.

Casualties and Emergencies can be seen as follows:-

Central Clinic	Monday, Wednesday, Friday, 9.30 a.m. to 12 noon.
Abbey Road	Wednesday, 9.0 a.m. to 12 noon.

Consultant Dental Surgeon

The Consultant Dental Surgeon holds clinics at Central Clinic on Monday and Tuesday, 2.0 p.m. to 4.30 p.m. Cases are seen by appointment, and emergencies as required.

Children under five and Expectant Mothers

Children under five and expectant mothers can be seen at any of the above clinics, by appointment.

PERIODIC MEDICAL INSPECTIONS IN SCHOOLS

Year of Birth	1969	1968
1964 and 1965	1,216	1,221
1963	675	1,021
1962	66	92
1961	40	44
1960	34	49
1959	58	109
1958	256	326
1957	127	141
1956	24	22
1955	630	305
1954 and earlier	959	936
	4,085	4,266

Other examinations were carried out in the Schools, as follows:-

Re-examinations	666
Special Inspections	288
Nurses' 7+ Survey (Vision Tests)	1,189
Fitness for Boxing, Holidays, etc.	67

Other School work:-

Audiometer Sweep Tests	1,968
Total number of children immunised against Diphtheria and Tetanus	1,949
Total number immunised against Tetanus only ..	1,008
Total number immunised against Polio	3,132
Total number who had B.C.G. vaccinations against Tuberculosis	1,716
Total number vaccinated against Measles	212

WORK OF HEALTH VISITOR/SCHOOL NURSES

The Health Visitor/School Nurses have continued their many duties in the schools, clinics and homes, with Clinic Nurses helping in the various clinics.

The total number of visits made by the Health Visitor/School Nurses during the year is as follows:-

Visits to Schools	860
Visits to Homes	759

CLEANLINESS

Total number of cleanliness inspections in school during the year	14,802
Number of individual children infested	533
Cleansing Notices issued under Section 54	Nil

CLEANLINESS CENTRES - REPORT OF HYGIENE ASSISTANT

Hair	Number of individual children	175
	Total attendances	515
	Number cleared	164
	Number re-infested (and later cleared)	14
Scabies	Individual cases	96
	Total attendances	278
	Number cleared	90
	Number re-infested (and later cleared)	8
Others - Skin	Individual Cases	33
	Total attendances	100
	Number cleared	29
Hair and Skin	School visits	30
	Home visits	50

MEDICAL CLINICS

The Eye Specialist's clinic continued to be held twice a week and the Ear, Nose and Throat Specialist again attended once a month, mainly for children with hearing difficulties. The Audiology Clinic was held about three times a month.

The weekly Enuretic Clinic was continued, and 238 individual children attended. At the end of the year, twelve were waiting for a Bell Mattress.

During the year, 42 new cases were referred from the various Clinics to the Physiotherapy Department for Light Treatment and other treatment, as follows:-

Light Treatment	24
Breathing exercises	14
Special exercises	4

Some of these cases had been referred by General Practitioners to the Clinic, and others by the Chest Physician.

Attendances at the Medical Clinics during the year were as follows:-

	1969	1968
Attendances at Medical Clinics	8,147	9,132
Number of ailments treated	3,150	3,876

DETAILS OF CASES REQUIRING EXAMINATION, TREATMENT OR ADVICE AT THE MEDICAL CLINICS

	1969	1968
SKIN		
Diseases of the Skin (including Verrucas—760)	872	834
EYES		
Visual defects (including Squints)	1,008	934
External eye defects	76	77
Vision Tests		
Glasses for repair or replacement	240	233
EARS		
Deafness, earache, etc.	68	111
NOSE AND THROAT		
Catarrh, sore throat, tonsillitis, etc.	60	15
ORTHOPAEDIC		
Crippling defects, poor posture, flat feet	32	26
NERVOUS DISORDERS	2	4
DEVELOPMENT	4	1
PSYCHOLOGICAL CASES		
Development	8	5
Stability (including Enuresis)	251	147
MEDICAL CASES, including:-		
Speech defects, lymphatic glands, heart and circulation, chest and lung defects and miscellaneous cases	232	133
SURGICAL CASES, including:-		
Injuries, sprains, wounds, burns, abscesses, etc.	331	422
INFECTIOUS DISEASES	5	4
OTHER EXAMINATIONS (details below)	788	930

SPECIAL EXAMINATIONS CARRIED OUT BY THE SCHOOL MEDICAL OFFICERS

349 children were examined to allow them to work out of school hours, mainly for delivery of newspapers.

63 children were examined to permit them to take part in public entertainments, principally for the Tower Ballet.

There were 49 periodic examinations of boarded-out children during the year, by arrangement with the Children's Officer, and boarded-out children have also been examined and treated at the Clinics for minor ailments.

107 examinations were carried out on children home on holiday from residential special schools, to ensure that they were free from any infection before returning to school.

148 candidates for Teacher Training Colleges were examined during the year; arrangements were made, where necessary, for chest examinations in the Chest Clinic at the Municipal Health Centre and Victoria Hospital.

To assess children with suspected physical or mental handicaps, and other special cases, 72 examinations were carried out by the School Medical Officers. This is done at any age after the child's second birthday to make sure that no child was missed who may need special education.

SPECIALIST TREATMENT

The following cases were referred for specialist opinion to the Blackpool Victoria Hospital from the School Medical Clinics, during the year:-

Ear, Nose and Throat cases	40
Orthoptic treatment	13
Casualties and emergencies	12
Surgical cases	17
Orthopaedic cases	21
Breathing exercises	1
Paediatrician	27
Other	9

ORTHOPAEDIC AND POSTURAL DEFECTS

Children treated as in-patients at Victoria Hospital	56
Children treated as out-patients at Victoria Hospital	24
Orthopaedic cases seen in the School Clinics	32

HEART DEFECTS

There were 21 children found, at the routine medical inspections in schools, to require treatment for defects of heart and circulation; 32 children were put on the list for observation.

SPASTIC PARALYSIS

Number of children on roll at Highfurlong School who are Spastic	15

CONVALESCENT TREATMENT

During the year, nine delicate and debilitated children received treatment in the West Kirby Convalescent Home.

OPHTHALMIC CASES

(seen by the Eye Specialist at Central School Clinic)

Number of children examined	1,008
Number for whom spectacles were prescribed	413
Number already wearing spectacles, for whom no change of lens was prescribed	474
Number for whom spectacles were not advised	118
Number referred for Orthoptic treatment	12

The following is an analysis of the defects found among the children for whom spectacles were prescribed:-

Simple Hypermetropia	59
Hypermetropic Astigmatism	20
Simple Myopia	282
Myopic Astigmatism	29
Other cases	23

NOSE AND THROAT DEFECTS

At the routine medical inspections, 84 children were found to require treatment for nose and throat defects, and 128 children required observation for minor defects.

During the year, 131 children received operative treatment at Victoria Hospital for tonsils and adenoids. Children were referred through the School Health Service, or direct from the private doctors.

EAR DEFECTS

Ear operations at Victoria Hospital totalled 16.

During the year, 113 children were found at routine medical inspections in schools to be suffering from defects of the ear requiring treatment, as follows:-

Defective Hearing	47
Other cases	66

The Ear, Nose and Throat Specialist from Victoria Hospital continued to visit the Clinic once a month. Details of cases seen are as follows:-

Number of Clinics	11
Number of children examined	86

Recommendations:

Referred to Victoria Hospital for operation	25
Referred to Hospital for microscopic examination of ears	12
Referred to Hospital for other treatment	4
For recall to E.N.T. Clinic	14
Hearing retests	11
Other treatment	2
Review at Victoria Hospital	1
No further action at present	17

Audiometer Tests

Sweep tests for the 6+ group were continued in the schools, to ascertain defects as early as possible. Children who show any hearing loss in the sweep tests are re-tested at the Central School Clinic by the Specialist Teacher of the Deaf: if necessary, they are referred to the Ear, Nose and Throat Specialist Clinic, after discussion with a School Medical Officer.

Details

(a) Schools:	Number of sessions	92
	Total number tested	1968
	Number found to have a hearing loss	307
(b) Clinic:	Total number of children tested (including reviews)	870
	Number found to have defective hearing at first test, and subsequently reviewed	158

All children who show slight defective hearing, but not requiring any special treatment, are kept under observation in the schools, and teachers are asked to note their progress; they are also reviewed periodically at the Clinic.

Partially Hearing Children receiving special tuition

Mr. Newson, Teacher of the Deaf, has submitted the following report for 1969:-

During the year the assessment work undertaken in the Audiology Clinic has greatly increased.

Dr. Robson saw ninety-four children, including young babies, at her Wednesday sessions. Since the establishment of this clinic it has been possible to diagnose hearing defects in children at the early age of nine months.

Miss Hardman, Health Visitor, has now been joined by Mrs. Price in giving assistance and guidance to young children suffering from hearing impairment. Between them these two ladies aim to show the parents how they can help their own children.

Mr. Newson continued to give speech and lip reading lessons as required. Seventeen children were receiving tuition during the year.

All children who fail their screening tests in school are tested by Mr. Newson in the clinic. He also re-checked the hearing of children who suffer from permanent hearing defects.

Help and guidance is given to the parents of all children found to be suffering from hearing loss.

It is possible that the scope of this work will increase in the future and more facilities may be needed.

SPEECH CLINIC

Mrs. Blair, Speech Therapist, has submitted the following report on the Speech Clinic for 1969:-

The Speech Therapy Department was pleased to welcome another part-time therapist, Miss Judith Seddon, in October of this year. This in effect means that we now have our full establishment of two full-time Speech Therapists, Mrs. Protheroe working full-time and Mrs. Blair and Miss Seddon working part-time.

Our link with Victoria Hospital was formed once more in July when Mrs. Protheroe started a 3½-hour session there to treat the adult aphasic patients. Although we experienced some difficulties in establishing which Health Visitor dealt with our respective patients, we now feel that the Health Visitors' liaison with the family doctors is to be welcomed. It has meant that the family doctor has become more aware of speech problems and their early diagnosis has meant a greater number of referrals of pre-school age children for speech therapy.

The department continues to be concerned at the large waiting list and have requested that the establishment of a further part-time Speech Therapist be given favourable consideration.

Total number of attendances during the year	4,002
Total number of children receiving regular or periodic treatment at the end of the year	240
Children admitted	121
Children discharged	59
Children on waiting list	90
Sessions for Park School	51
Sessions for Highfurlong School	42
Sessions for Langdale Adult Training Centre	49
Sessions for Woodlands Training Centre	43
Sessions for Blenheim Lodge	49
Sessions for Assessment Unit	48
School visits	4

Analysis of Cases

Predominantly Stammer	48
Predominantly Dyslalia	148
Predominantly Dsyphonia	4
Predominantly Anarthria	4
Predominantly Dysarthria	13
Predominantly Cleft Palate	8
Predominantly delayed language development	9
Non-communicating	6

CHILD GUIDANCE CLINIC

Clinic sessions by Dr. Rogers	90
New cases seen by Dr. Rogers	42
Cases for supervision or therapy	203

Psychologists:

Childred tested in school	69
Children tested in clinic	165
School visits	57
Clinic interviews	99
Attendances for remedial and therapeutic work	121

Social Worker:

Home visits (new cases)	13
Clinic interviews (new cases)	22
Home visits (old cases)	476
Clinic interviews (old cases)	154
Social histories	35

I have pleasure in making this report on the Child Guidance Clinic for 1969.

The number of referrals remains approximately the same - 80% come to the clinic through the School Health Service and the remainder are from general practitioners and consultant paediatrician.

The staffing of the clinic remains below its full complement, in particular we lack the services of a whole time senior psychiatric social worker - a post which has been vacant since Mrs. Godsell left us in August, 1968. Under the circumstances it is impossible to take on a large number of children for treatment as out-patients.

There remains a very close link between the Children's Unit at Lancaster Moor Hospital and the following figures give the list of children who have been admitted and discharged.

Admissions to Children's Unit	11
Discharges from Children's Unit	12
Number of children on waiting list for admission to the Unit	14

During 1969 five children have been admitted to residential schools for maladjusted children and two to ordinary residential schools. Five children have been admitted to Blenheim Lodge Special Day Classes and three have returned to ordinary day school.

One rather more optimistic feature is that we seem to have seen rather fewer cases of school refusal this year but I have the impression that we have seen more parents who require psychiatric treatment in their own right.

I would like to take this opportunity of thanking the Education Department, Children's Department and other agencies for their co-operation and help with our work at the Child Guidance Clinic.

T. W. ROGERS,
Consultant Child Psychiatrist.

HIGHFURLONG SCHOOL

Number on roll at end of the year

	Boys	Girls	Total
Delicate	3	4	7
Asthma	12	5	17
Other chest conditions	3	3	6
Cardiac	3	6	9
Spastic	3	12	15
Spina Bifida	2	4	6
Orthopaedic defects	6	10	16
Partially Sighted	4	3	7
Partially Hearing	1	2	3
Epileptic and Petit Mal	2	—	2
Other cases	11	7	18
	50	56	106

HOME TUITION

During the year, 22 children received home tuition, for varying periods, as follows:-

Injuries resulting from accidents	11
Scoliosis	1
E.S.N. and Maladjusted	1
Infectious cases	2
Orthopaedic cases	2
Following operations	3
Osteomyelitis	2

Five children were still having home tuition at the end of the year.

PHYSIOTHERAPY

Number of children referred by Chest Physician	1
Number of children referred by School Doctors	347
Number of children referred by General Practitioners	24
Number of children referred by Paediatrician at Victoria Hospital	—

Treatments

Artificial Sunlight	3,354
Foot exercises	35
Other exercises	5,216
Number of children seen by doctor	72
Total attendances throughout the year	8,903
Number of individual children treated	314

INFECTIOUS DISEASES (SCHOOL CHILDREN)

	1969	1968	1967
Scarlet Fever	38	7	25
Whooping Cough	3	17	33
Measles	79	406	172
Cerebro-spinal Fever	—	—	—
Sonne Dysentery	22	72	21
Food Poisoning	5	—	6
Paratyphoid	—	—	—
Virus Pneumonia	—	3	1
Encephalitis	—	—	—
Acute Meningitis	11	—	—
Infective Jaundice	40	27	—

HANDICAPPED PUPILS

BLIND	Boys	Girls	Total
In residential schools	—	2	2
PARTIALLY SIGHTED			
Attending Highfurlong School	4	3	7
Attending Primary and Secondary Schools, under observation	6	3	9
DEAF			
In residential schools	5	3	8
PARTIALLY HEARING			
In residential schools	2	6	8
In Highfurlong School	1	2	3
In Park School	5	2	7
Attending ordinary schools, under observation (including children having lip-reading tuition; also including children with a hearing loss, except where very slight)	66	47	113

	Boys	Girls	Total
PHYSICALLY HANDICAPPED			
In residential schools	1	2	3
In Highfurlong School	25	39	64
Having home tuition	2	3	5
Attending Primary and Secondary Schools under observation	12	10	22
DELICATE			
In Highfurlong School	18	12	30
Attending Primary and Secondary Schools, under observation	17	7	24
DIABETIC			
Attending Primary and Secondary Schools, under observation	4	—	4
MALADJUSTED			
In residential schools	24	5	29
On waiting list for residential schools	4	2	6
EDUCATIONALLY SUBNORMAL			
In residential schools	1	3	4
On waiting list for residential schools	1	—	1
In Day School for E.S.N. Children	108	61	169
In Diagnostic Unit, Park School	6	4	10
EPILEPTIC (including Petit Mal)			
In residential schools	—	1	1
Attending Highfurlong School	2	—	2
Attending Day School for E.S.N. Children	1	—	1
Attending Primary and Secondary Schools, under observation	12	8	20
SPEECH			
Attending Park School	7	4	11
Attending Assessment Unit	5	3	8
Attending Highfurlong	—	9	9
Attending Blenheim Lodge	2	—	2
Attending Woodlands Junior Training Centre	5	5	10
Attending Langdale Adult Training Centre	4	5	9
Attending ordinary schools and having regular or periodic treatment at the Speech Clinic			191

ANNUAL REPORT OF THE CHIEF DENTAL OFFICER, 1969

During the year under review the staff of the School Dental Service consisted of the Chief Dental Officer, one full-time Dental Officer and three part-time Dental Officers, or the equivalent of 3.0 full-time Dental Officers, and three full-time Dental Surgery Assistants, two part-time Dental Surgery Assistants and one part-time Orthodontic Specialist who attends the Clinic for two sessions per week.

Three Dental Clinics were in operation with two surgeries at the Central Clinic, two surgeries at Abbey Road Clinic and one surgery at Ashburton Road Clinic. It is hoped that Ashburton Road Clinic will be transferred to the proposed new site at Bispham in the not too distant future.

There is the fullest co-operation between the School Dental Service and the Hospital's Consultant Dental Surgeon for the treatment of "at risk" patients, who require hospitalisation for dental treatment - usually from the Junior Training Centre (Woodlands School). Also with the family doctors who examine patients as to their suitability for the administration of a general anaesthetic.

There was a loss of two sessions per week for a period of approximately six months at Abbey Road Clinic, and although the necessary treatments were carried out inside the period of twelve months, it is doubtful if this could be continued over a full year without the appointment of a further part-time assistant for these two sessions per week, although the Dental Officers concerned are confident that they can.

There was a small increase in the number of children inspected at Routine Dental Inspections as "first inspection at school". The acceptance rate for those patients requiring treatment was very slightly increased, but is still varied quite considerably between the schools; it was again noted that a fair proportion of those who refused treatment were being treated by private practitioners.

It was also noted that the number of children, especially in the older age groups, requiring treatment was again reduced due to treatment carried out in earlier years by the School Dental Officers; there was also a small decrease in the number of "emergency" patients.

The Orthodontic Specialist continued to treat patients who required specialised treatment for correction of "crooked teeth" and other abnormalities, i.e., buried and unerupted teeth.

Again more than half the appliances fitted were of the "removable" variety which allows a considerable saving in time, both in the number of visits required and the time required to construct these appliances. While they are perhaps less positive or quick, as the fixed appliances, no difficulties are usually experienced if the most co-operative patients are selected for this treatment.

M. SMITH,

Chief Dental Officer.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	(1) 2,377	(12) 1,986	(23) 554	4,917
Subsequent visits	(2) 884	(13) 1,671	(24) 258	2,813
Total visits	3,261	3,657	812	7,730
Additional courses of treatment commenced	(3) 66	(14) 145	(25) 47	258
Fillings in permanent teeth	(4) 1,279	(15) 3,146	(26) 597	5,022
Fillings in deciduous teeth	(5) 453	(16) 21	—	474
Permanent teeth filled	(6) 1,141	(17) 2,870	(27) 530	4,541
Deciduous teeth filled	(7) 447	(18) 21	—	468
Permanent teeth extracted	(8) 233	(19) 878	(28) 118	1,229
Deciduous teeth extracted	(9) 2,672	(20) 768	—	3,440
General Anaesthetics	(10) 1,320	(21) 739	(29) 64	2,123
Emergencies	(11) 440	(22) 196	(30) 23	659

Number of Pupils X-rayed	(31) 74
Prophylaxis	(32) 231
Teeth otherwise conserved	(33) 322
Number of teeth root filled	(34) —
Inlays	(35) —
Crowns	(36) 3
Courses of treatment complete	(37) 3,806

ORTHODONTICS

Cases remaining from previous year	202
New cases commenced during year	(38) 78
Cases completed during year	(39) 143
Cases discontinued during year	(40) 44
No. of removable appliances fitted	(41) 68
No. of fixed appliances fitted	(42) 30
Pupils referred to Hospital Consultant	(43) —

PROSTNETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	(44) —	(47) —	(50) —	—
Pupils supplied with other dentures (first time)	(45) —	(48) 5	(51) 2	7
Number of dentures supplied	(46) —	(49) 5	(52) 3	8

ANAESTHETICS (General Anaesthetics administered by Dental Officers) (53) 2,123

INSPECTIONS

(*a*) First inspection at school. Number of pupils	(A)	15,665
(*b*) First inspection at clinic. Number of pupils	(B)	390
Number of (a) and (b) found to require treatment	(C)	11,422
Number of (a) and (b) offered treatment	(D)	9,248
(*c*) Pupils re-inspected at school or clinic	(E)	1,379
Number of (c) found to require treatment	(F)	942

SESSIONS

Sessions devoted to treatment	(X)	987
Sessions devoted to inspection	(Y)	97
Sessions devoted to Dental Health Education	(Z)	—

N.B.—Statistical codings in parentheses

PHYSICAL EDUCATION REPORT, 1969

The main aim of physical education in our schools is to develop a good physique through educational movement training, and to prevent the formation of bad habits of carriage and movement. A subsidiary function of the physical education programme, especially in the upper secondary school age-range is a preparation for leisure, achieved by a widening of the syllabus. Care is taken, however, that this is not achieved at the expense of the quality of the more education work which is vital for all pupils.

INFANT SCHOOLS

Children in the infant school were normally time-tabled for five physical education lessons a week. All children of this age-range even the most timid, enjoy movement, and in order to meet this appetite for movement, they are presented with as great as possible variety of circumstances in which to move, using small apparatus and large apparatus, with or without musical accompaniment. The children are not only encouraged to be inventive in their movements, but to repeat movements from time to time in order to improve their own performance. They are allowed to improve at their own rate and, to work individually. As infants feel the need of as much attention as possible, the teaching technique is an informal one, in which each child is helped and encouraged individually.

JUNIOR SCHOOLS

At the Junior age level, four periods per week are usually devoted to physical education and the infant school work is developed, attention being directed to the maximum development of each individual child, physically, mentally, socially and morally. At this stage, specific attention is also given to the correction of physical defects and the development of physique and vigour. The emphasis is still on the individual, each pupil being presented with opportunities to be creative, to practice freely and exercise choice, to think about what he or she is doing and how performance can be improved. At all times the aim is to make the work challenging, interesting, enjoyable, and at the same time beneficial, and to build on what has already been achieved by further invention and experimentation. At this stage the initial competitive elements of athletics, netball, soccer, and small side team games were introduced and swimming instruction was arranged for all fourth year pupils and whenever possible for third year and second year pupils also.

63% of all pupils entering secondary schools last year were able to swim at least 25 yards and a much higher percentage were able to swim a shorter distance.

SECONDARY SCHOOLS

In the secondary school age-range, the physical education syllabus was much wider in content. In the lower age-range, educational gymnastics, educational dance, games activities, athletics and swimming took up most of the available time, whilst in the upper age-range, pupils were given every opportunity to widen their experience of activities and to devote time to technique improvement and more specialised training in specific activities. In some schools, it was found possible to arrange a programme of options for senior pupils and the range of options included instruction in trampolining, swimming and diving, horse-riding, skating, volleyball, badminton, basketball, canoeing, dinghy sailing, tennis, athletics, golf and table-tennis.

Apart from options, pupils participated in the major games of netball (girls), hockey (boys and girls), tennis (boys and girls), association football (boys), Rugby Union football (boys) and cricket (boys).

Athletic training was an important feature of the P.E. programme during the summer term, and swimming was arranged throughout the year, both in school time and as a Club activity after school.

INTER SCHOOL SPORTS FIXTURES

A comprehensive list of fixtures between schools, arranged on Saturdays or during evenings were arranged by the following Constituent Associations of the Blackpool Schools' Sports Council:-

The Primary Schools' Football Association
The Secondary Schools' Football Association
The Secondary Schools' Badminton Association
The Secondary Schools' Basketball Association
The Secondary Schools' Boxing Association
The Secondary Schools' Cricket Association
The Primary Schools' Netball Association
The Secondary Schools' Swimming Association.

In addition the very popular Annual Inter-Schools Swimming Gala and the Inter Grammar School Swimming Gala were held at the Derby Bath, the Junior Schools' Sports Meeting at Hawes Side School Playing Fields and the Secondary Schools' Athletic Sports and the Inter Grammar School Sports at Stanley Park Oval.

Additionally, a large programme of inter-school rugger fixtures and inter-school hockey fixtures was completed.

FACILITIES

During the year, the Sports Hall at Highfield School was completed, whilst at the new Warbreck School the first all weather pitch to be provided in Blackpool came into use. At the latter school, a battery of excellent tennis courts and the gymnasium were also completed, and the extensive playing fields will be available next year.

Only part of the new Grammar School playing fields were available for use during the year, as remedial work was found to be necessary on the remainder of the area.

FURTHER TRAINING OF TEACHERS

During the year in-service teacher training courses were held and the One-Week Blackpool Easter School was again attended by a record number of 1,118 teachers, including a number from overseas, who had a choice of some 40 different courses of specialised Physical Education activities.

THE SNOW HEIGHTS OUTDOOR CENTRE

Good progress was made throughout the year with the development of the Snow Heights Outdoor Centre located in the Lake District National Park at the southern end of the Furness Fells. During the summer months, 19 organised school parties visited the Centre for periods of from 4 days to a week in duration. Additional hutted accommodation and other facilities have been provided during the year and parties of up to 30 children can now be adequately accommodated and catered for. The Centre is an ideal one for purposeful activities, particularly field studies in biology and geography, and for many types of outdoor activities such as canoeing, dinghy sailing, rock-climbing, fell walking, Outward Bound types of activity, camping, orienteering, and for the general education of our pupils in the proper use of a National Park and an appreciation of its beauty.

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